

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048575

FILED VS JAN 5 1961

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MTN. GROVE MO		c. CITY OR TOWN MTN. GROVE MO	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 545 WEST. STREET		d. STREET ADDRESS (If outside, give location) 545 W. 1 ST. STREET	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) DIANNA LYNN DAUGHERTY			4. DATE OF DEATH 11-30-1960			
5. SEX F.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-8-60	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
					Months 1	Days 22
					Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) CABOOL MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME GERALD DAUGHERTY		13b. MOTHER'S MAIDEN NAME BONNIE JEAN GATES		14. NAME OF HUSBAND OR WIFE BONNIE DAUGHERTY		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT BONNIE DAUGHERTY	Address MTN. GROVE
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Circulatory Failure		2 hrs.
DUE TO (b) Bronchopneumonia		6 hrs.
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dysentery of undetermined origin		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **11-30-60** to **11-30-60** and last saw her **alive** on **11-30-60**
Death occurred at **1:15** P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Rto. Mitchem (Degree or title)	22b. ADDRESS Walter Grove, Mo	22c. DATE SIGNED 12-8-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-2-60	23c. NAME OF CEMETERY OR CREMATORY PLESANT HILL	23d. LOCATION (City, town, or county) (State) WRIGHT COUNTY
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24. FUNERAL DIRECTOR BARBER	ADDRESS MTN. GROVE MO	25. DATE RECD. BY LOCAL REG. 12-12-1960	26. REGISTRAR'S SIGNATURE Bernice L. Silverman
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed TRW Barb

Licensed Embalmer No. 3F

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.