

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031283

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2452

AMENDED

**FILED SEP 13 1961**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Overland</u>		c. CITY OR TOWN <u>Overland</u>	
Length of stay in 1b <u>25 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8613 FOREST</u>		d. STREET ADDRESS (If outside, give location) <u>8613 Forest Ave.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Cleda</u> Middle <u>F.</u> Last <u>Daugherty</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>30</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/3/1908</u>
9. AGE (last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Optima, Oklahoma</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Robert L. Moreland</u>	
13b. MOTHER'S MAIDEN NAME <u>Cora Dorser</u>		14. NAME OF HUSBAND OR WIFE <u>William A. Daugherty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown)   (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>William Daugherty (same as item 2d)</u> Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Biliary Cirrhosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Meningioma</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____
21. I attended the deceased from <u>July 1957</u> to <u>Aug 30, 1961</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>Aug 30, 1961</u> Death occurred at <u>1:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. F. Bean</u> (Degree or title)		22b. ADDRESS <u>35 W Central - Overland</u>	22c. DATE SIGNED <u>8/21/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9/1/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jonesburg, Mo.</u>
24. FUNERAL DIRECTOR <u>Ortmann F. Home</u> ADDRESS <u>9222 Lackland Overland Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-31-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

DATE AMENDED

INSTEAD OF AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS SEP 13 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Sam Stipanovic

Licensed Embalmer No. 5058

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.