

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007062

STATE FILE NUMBER

Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 33

AMENDED

**FILED MAR 8 1962**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Pierce City, Mo.</b>  |   | Length of stay in 1b  | c. CITY OR TOWN <b>Pierce City</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1 mile north Pierce City</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1 mile north Pierce City</b>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>William</b> Middle <b>Harry</b> Last <b>Daggett</b>   |   |   | 4. DATE OF DEATH<br>Month <b>3</b> Day <b>3</b> Year <b>1962</b>   |  |   |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>Wh</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>12-19-1894</b>   | 9. AGE (last birthday) <b>67</b>   | IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>12</b>                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Turley, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>William W. Daggett</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary J. Sanders</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Nellia A. Daggett</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><b>William L. Daggett Monett, Mo.</b>  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Presumed to be "Natural Cause"</b>   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b>                                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Investigated by Edwin Wilks</b>                             |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>Cornor of Lawrence County</b>                            |  |  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>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<br><b>Monett, Mo.</b>                                    |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Mrs P. N. Cook (Registrar)</b>   |   |   | 22b. ADDRESS<br><b>413 Finco - Monett Mo.</b>  |  | 22c. DATE SIGNED<br><b>3.6.62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |   | 23b. DATE<br><b>3-6-1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>IOOF Cemetery</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Monett, Mo.</b>                   |
| 24. FUNERAL DIRECTOR<br><b>Wilks Bros. Pierce City, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>3.6.62</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Mrs P. N. Cook</b>   |   |

**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 Edwin Wilka

Licensed Embalmer No. 4131

P. O. Address Pierson City, Mo

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.