

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033520

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 289

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0017
2 0010
3
4 1
5 1
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7 1
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9 4201
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12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 17 1962	
1. PLACE OF DEATH	
a. COUNTY Adair	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville	Length of stay, in 1b 1 Hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hosp.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 7 MI. N.E. Of La Plata	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last	
MINNIE ABAGAIL DAUGHERTY	
4. DATE OF DEATH Month Day Year Sept. 11, 1962	
5. SEX F	6. COLOR OR RACE W
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/29/95
9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 8 Days 12 Hours -- Min. --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James D. Logan	13b. MOTHER'S MAIDEN NAME Mathilda Marvin
14. NAME OF HUSBAND OR WIFE Michael S. Daugherty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none
17. INFORMANT Address Michael S. Daugherty, La Plata, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Acute Myocardial Infarction	
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) Diabetes Mellitus	
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.)	
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 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 Sept 11, 1961 to Sept 4, 1962 and last saw her alive on Sept 11, 1962 Death occurred at 10:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Edward M. [Signature], M.D.	22b. ADDRESS Kirksville, Missouri
22c. DATE SIGNED 9/11/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/13/62
23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	
23d. LOCATION (City, town, or county) (State) La Plata, Missouri	
24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo	25. DATE RECD. BY LOCAL REG. Sept 14, 1962
26. REGISTRAR'S SIGNATURE Doris W. Rattiff	

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed Sept. 11, 1962

EDWARD M. GRIM, M.D.

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 Kenneth M. Wilson

Licensed Embalmer No. H 701

P. O. Address La Plata 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.