

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

927

State File No. \_\_\_\_\_

BIRTH NO. 1568-50 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montrose</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>u</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>DAUGHERTY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 15, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Jan. 13, 1958</u>		9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>u</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Willard Daugherty</u>		13b. MOTHER'S MAIDEN NAME <u>Marcella Dalup</u>		14. NAME OF HUSBAND OR WIFE <u>Willard Daugherty</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willard Daugherty Montrose</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 13, 1950, to Jan 15, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. B. Mylon D. M. D.</u>			23b. ADDRESS <u>Clinton, Mo.</u>			23c. DATE SIGNED <u>1/16/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Jan 16 1950</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Welling Bros</u>		ADDRESS <u>Montrose Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0422  
0

RECEIVED

District Health Officer No. 7

District File Number 1249-1

Date Filed 1-24-5

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

*on the 15<sup>th</sup> day of Jan 1950*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Frank Lee* \_\_\_\_\_

Licensed Embalmer No. *1099* \_\_\_\_\_

P. O. Address *Appleton City - W.* \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.