

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8414**

FILED MAR 21 1950

BIRTH NO. _____ **REG. DIST. NO.** 132 **PRIMARY REG. DIST. NO.** 3023 **Registrar's No.** 74

1. PLACE OF DEATH (General Hospital) a. COUNTY <u>Neway Clinton Mo</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Neway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose Deepwater</u>	
c. LENGTH OF STAY (in this place) <u>105 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Daugherty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 12 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 21 - 1891</u>
9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elementary School</u>	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Valentine Daugherty</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Daugherty</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>	
16. SOCIAL SECURITY <u>492-141033</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willard Daugherty</u> ADDRESS <u>Montrose Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suppression urine, uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes of Chronic nephritis</u> <u>10 yr</u> DUE TO (c) <u>Cerebral</u> <u>?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stroke</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	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 <u>2-4</u> , <u>1950</u> , to <u>3-12</u> , <u>1950</u> , that I last saw the deceased alive on <u>2-11</u> , <u>1950</u> , and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. Walker M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>3-</u>		24a. BURNAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montrose</u>	
24d. LOCATION (City, town, or county) (State) <u>Montrose Neway Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard Daugherty</u> ADDRESS <u>Montrose Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar-13-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0420
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RECEIVED
District Health Officer No. 7,
District File Number 2-50-230
Date Filed 3-20-50

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, ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. J. Gausant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.