FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

52 Potter

State File No. 23505

Registration District No. 3038

Primary Registration District No. 3038

Registrar's No. 65

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 643 Brookfield Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 3 Years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn
(c) City or town: Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 643 Brookfield Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: E. CALLIE DOUGHTY
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife: Wm A. Doughty
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 29 (Day) 1869 (Year)

8. AGE: Years 79 | Months — | Days — | If less than one day: hr. min.

9. Birthplace: Chariton Co. (City, town, or county) Mo (State or foreign country) 11
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Powell
13. Birthplace: Ok (City, town, or county) Ok (State or foreign country) 9
14. Maiden name: Sarah Sparks
15. Birthplace: Chariton Co (City, town, or county) Mo (State or foreign country) 11
16. (a) Informant: Herbert Doughty
(b) Address: Kansas City Kan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mussel Fork
18. (a) Signature of funeral director: Hill Funeral Home
(b) Address: Brookfield Mo
19. (a) 8-2-48 (Date received local registrar) (b) Walter Ervin (Registrar's signature) 11.7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1948 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 4, 1948, to July 28, 1948, that I last saw her alive on July 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	Few minutes
Due to: Arterial Hypertension	Several years
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (e) Means of injury:

23. Signature: N. H. Potter (M. D. or other) Dr.
Address: Brookfield Mo Date signed: 7-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.