

FILED APR 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11737

No. 300
10-48

16
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4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 53 (Delayed) PRIMARY REG. DIST. NO. 3010 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>General - Pike</u>		103
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>Brownwood No.</u>		
3. NAME OF DECEASED (Type or Print) <u>JAMES EWIJAH DAUGHERTY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1949</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>Nov. 9, 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (State or foreign country) <u>Berrie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Del E. Daugherty</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Daugherty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or Unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-03-495</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Daugherty, Brownwood</u> ADDRESS _____		
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>Pneumonia Bronchial.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>		
ANTECEDENT CAUSES Morbid 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. <u>Hypertension, Cardiac Vascular Disease - Uremia</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.		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>March 16, 1949</u> , to <u>March 17, 1949</u> , that I last saw the deceased alive on <u>March 17, 1949</u> , and that death occurred at <u>3 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Edward D. Carrigan, M.D.</u>			23b. ADDRESS <u>Capt. Stoddard No.</u>		23c. DATE SIGNED <u>4-12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. James, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-12-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd S. Morgan, Advancer Mo.</u>	

RECEIVED

Health Officer No. 4

File Number 449-5

Date Filed 4-18-49

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 Student Embalmer

Signed Floyd S. Morgan

Licensed Embalmer No. 236

P. O. Address Advance M

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.