

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24511

State File No. ....

943

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 281

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Farmington</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Farmington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R. 3</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. 3</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>David</b>	c. (Last) <b>Doherty</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 31 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 1, 1862</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Days <b>1</b>	IF UNDER 24 HRS. Hours <b>30</b>	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Minister</b>	11. BIRTHPLACE (State or foreign country) <b>Cambden, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John J. Doherty</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Cowell</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie Doherty</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Doherty</b>	ADDRESS <b>St. Louis, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular renal disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Benign prostatic hypertrophy</b>		<b>44-2 X</b> <b>2 yrs.</b>

19a. DATE OF OPERATION <b>8-24-49</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 10, 1948 to July 31, 1949, that I last saw the deceased alive on July 29, 1949, and that death occurred at 3 P.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M.D. D</b>	23b. ADDRESS <b>Farmington Mo</b>	23c. DATE SIGNED <b>8-1-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 3, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>York Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Perry County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Aug 2, 1949</b>	REGISTRAR'S SIGNATURE <b>Esther Rudlo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul H. ...</b>	ADDRESS <b>Miller Funeral Home, Farmington, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-10-49

District Health Officer No. 4

District File Number 849-1015

Date Filed .....

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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 Paul Dejean .....

Licensed Embalmer No. 4120 .....

P. O. Address Army Ave .....

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.