

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 70

0040

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5037</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Audrain</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Salt River Twp.</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Audrain</b>	
c. LENGTH OF STAY (in this place) <b>12 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Salt River Twp.</b>		d. STREET ADDRESS (If rural, give location) <b>R 7 19 # 5</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Farm</b>				d. STREET ADDRESS (If rural, give location) <b>R 7 19 # 5</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>EVE</b>			b. (Middle) <b>RETT</b>			c. (Last) <b>DOUGHERTY</b>	
4. DATE OF DEATH			5. SEX		6. COLOR OR RACE		
Month: <b>Jan</b> , Day: <b>9</b> , Year: <b>1950</b>			Male <input checked="" type="checkbox"/>		White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Unknown		Unknown		80		Unknown	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Unknown		—		Unknown		USA	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
Unknown			Unknown			—	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
Unknown		Unknown		Ed Stuart, Audrain Co. Farm, Mexico, Mo			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Degenerative Myocarditis with left failure</i>					6 hrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					5 yr
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <i>Generalized arteriosclerosis</i>					
		DUE TO (c) <i>None</i>					
		II. OTHER SIGNIFICANT CONDITIONS					42-2-1
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
None		—				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OR INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		None			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> , to <u>Jan 9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan</u> , 19 <u>49</u> , and that death occurred at <u>4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)			23b. ADDRESS			23c. DATE SIGNED	
<i>Harry F. O'Brien</i>			<i>M. 10 0</i>			<i>Mexico Missouri</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial <input checked="" type="checkbox"/>		Jan 12, 1950		Elmwood Cemetery		Mexico Missouri	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
Jan 12 1950		<i>Blanche Neely</i>		<i>Max Smith</i>			

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

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1950

RECEIVED

District Health Officer No.

Death File No. *1-50-1*  
JAN 16 1950

*Dr. F.M. [unclear]*

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Charles V. Greening*

Licensed Embalmer No. *4625*

P. O. Address *Mexico 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.