

No. 300
0-48

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5458

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Charleston</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>067</u> OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (In this place) <u>6 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>North Third Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Third St</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Daughetee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 30, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>December 10, 1949</u>	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR <u>18</u> IF UNDER 11 HRS. <u>18</u> Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Cairo, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Virgil Daughetee</u>	13b. MOTHER'S MAIDEN NAME <u>Genevieve Corgan</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Daughetee</u> ADDRESS <u>Charleston, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN NATURAL CAUSES</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>(This child was found dead in bed was sleeping with parents)</u> DUE TO (c) <u>Child was in perfect health upon going to bed.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7955</u>	

19a. DATE OF OPERATION <u>none</u>	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) <u>Not known</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Charleston Mississippi Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Not Known</u>
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22. I hereby certify that I attended the deceased from AS CORONER ONLY to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred about 3A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Charleston, Missouri</u>	23c. DATE SIGNED <u>1/30/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/31/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 15, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>439</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>THE NONNELLE FUNERAL CHAPEL, Charleston Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 RE

RECEIVED

Miss. Co. Health D

County File No. _____

Date Filed FEB 17 19

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 *J. H. Finnelee*

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.