S. No. 300
v. 10-48

0600

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9548

BIRTH NO. _____ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 4306 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Goodman
c. LENGTH OF STAY (in this place) 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) In Town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Goodman 0600
d. STREET ADDRESS (If rural, give location) In Town

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) DAVIS c. (Last) DAUGHERTY

4. DATE OF DEATH (Month) April (Day) 2, (Year) 1950

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 9, 1864

9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner, ret.

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Berryville, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Josiah Daugherty

13b. MOTHER'S MAIDEN NAME Eli abeth Brock

14. NAME OF HUSBAND OR WIFE Cyinda Masters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Bertha Woods ADDRESS ~~Goodman~~ Neosho, Mo.

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) Failure of respiratory center

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cerebral hemorrhage

DUE TO (c) Senile hypertension

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1st, 1950, *to* April 2, 1950, *that I last saw the deceased alive on* April 2, 1950, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harold C. Ward, D.O.

23b. ADDRESS Goodman, Mo.

23c. DATE SIGNED April 4, '50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE April 4, 1950

24c. NAME OF CEMETERY OR CREMATORY Mt. Daniels Cemetery

24d. LOCATION (City, town, or county) (State) Gravette Arkansas

DATE REC'D BY LOCAL REG. April 12-1950

REGISTRAR'S SIGNATURE Mrs. Fred Smith 175

25. FUNERAL DIRECTOR'S SIGNATURE John B. Papinian ADDRESS Goodman, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.