

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED JAN 22 1951**

State File No. **92**

15

5074

Registrar's No. **3**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>3</b>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission).			
a. COUNTY <b>Barton</b>		b. STATE <b>Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Union</b>		d. STREET ADDRESS <b>Irwin R#1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		c. LENGTH OF STAY (In this place) <b>40 yrs</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Union</b>		f. TOWN <b>Union</b>	
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>			<b>5. SEX</b>	
a. (First) <b>MINNIE</b>			b. (Middle) <b>LOUISSA</b>			c. (Last) <b>DAUGHERTY</b>	
(Type or Print)			Jan 5 51			Female	
<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>Mar. 13, 1872</b>		<b>9. AGE</b> (In years last birthday) <b>78</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Ellenwood, Ill.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>	
<b>13a. FATHER'S NAME</b> <b>Henry Beeny</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Solvia Johnson</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Charley Daugherty</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Charley Daughterty, Irwin, R</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cerebral Hemorrhage</b>		II. OTHER SIGNIFICANT CONDITIONS <b>442x</b>				<b>2 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-Renal-Vascular</b> DUE TO (c) <b>Syndrome</b>					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from _____, 1930 to _____, 1945, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <b>C. E. Duckett M.D.</b>		<b>23b. ADDRESS</b> <b>Lawson, Mo.</b>		<b>23c. DATE SIGNED</b> <b>1-7-51</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Jan 8 51</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sheldon, Mo.</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Sheldon, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 11 1951</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Marie Korantz</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>L. Herald Beeny</b>			
				<b>ADDRESS</b> <b>Sheldon, Mo.</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 15-1-131

Date Filed 1-15-51

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 *L. Gerald Beeny*

Licensed Embalmer No. *4208*

P. O. Address *St. Helens, 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.