

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7215

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 44-88		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morhey</u>		c. LENGTH OF STAY (in this place) <u>709y</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morhey</u>		1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henrietta</u>		b. (Middle) <u>NMN</u>		c. (Last) <u>Daugherty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2, 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>May 20, 1868</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Charksville Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Arch Fizer</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva</u>		14. NAME OF HUSBAND OR WIFE <u>Duke Wberellon Daugherty</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr P.H. Boyce, Albuquerque N.M.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned Beyond Recognition</u> ANTECEDENT CAUSES <u>In Home</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2, 916⁰</u> <u>16</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</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>Morhey Scott Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-2-51 9Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fire in Home</u>			
22. I hereby certify that I attended the deceased from <u>First Call after Death</u> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lyle P. Carver</u>				23b. ADDRESS <u>Lawton, Missouri</u>		23c. DATE SIGNED <u>7/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Morhey</u>		24d. LOCATION (City, town, or county) (State) <u>Morhey Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 19-51</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		424		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bispinghoff Funeral Home Chaffee</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1000

RECEIVED FEB 26 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 251-58

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 _____

Raymond B. Wilson

Student Embalmer No. 416

working under my personal supervision.

Student Raymond B. Wilson
Student Embalmer

Signed

Ollie O'Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.