

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9104

State File No.

BIRTH NO. 124 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 0596 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If not on residence before admission): a. STATE <u>Mo.</u> b. COUNTY <u>JFF</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Debato Rural (Debato)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Debato</u> <u>0502</u>	
c. LENGTH OF STAY (In this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi west of Debato on Hwy 111</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi west of Debato on Hwy 111</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>RECAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11 1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 17 - 1861</u>	9. AGE (In years last birthday) <u>89</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edward Recar</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>Lawrence Daugherty</u>	
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>Lawrence Daugherty Debato Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SECURED</u>		DUE TO (c)		725x	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis Spine</u>				years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Mar 11, 1951, that I last saw the deceased alive on Mar 6, 1951, and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Malv. Neppinsty M.D.</u>		23b. ADDRESS <u>Debato Mo</u>		23c. DATE SIGNED <u>Mar 17 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 13 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colony Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Debato Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3-16-51</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Tuttle</u>		ADDRESS <u>Debato Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

15-37-8
DATE RECEIVED 8-19-51
JEFFERSON COUNTY HEALTH DEPT
MILWAUKEE, WISCONSIN

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.

Student Embalmer No. 402

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4104

P. O. Address _____

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.