

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17078

State File No.

0500
4

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

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson County</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillbora</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>		<u>1100</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cedar Grove Nurs Home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u>		b. (Middle) _____		c. (Last) <u>Daugherty</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-18-1864</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Hours _____		IF UNDER 1 MIN. _____	
10a. OCCUPATION (Give kind of work; do not include name of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>A</u>	
13a. FATHER'S NAME <u>Joseph Connell</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Edward</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Andy Daugherty Potosi. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of old age.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decubitus ulcers - hips.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>3 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>		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) _____		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 <u>Jan</u> , 19 <u>49</u> , to <u>May 28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 23</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>				23b. ADDRESS <u>Desoto, mo</u>		23c. DATE SIGNED <u>5-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi. mo</u>	
DATE REC'D BY LOCAL REG. <u>5-31-51</u>		REGISTRAR'S SIGNATURE <u>Kathleen Meroda</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer funeral home</u>		ADDRESS <u>Potosi mo</u>	

31-51

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO MISSOURI
DATE RECEIVED 6-6-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Mary M. Smith*

Signed.....

Student Embalmer

Licensed Embalmer No. *4394*

P. O. Address *Potosi 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.