No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1951

State File No. 17402

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 14

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Troy 0570
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EARL c. (Last) DOUGHERTY

4. DATE OF DEATH (Month) (Day) (Year) May 24 51

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Oct 7 1905
9. AGE (In years last birthday) 45 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) Service Station Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Jefferson City Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME W. H DOUGHERTY
13b. MOTHER'S MAIDEN NAME BLANCHE HUNTER
14. NAME OF HUSBAND OR WIFE Ruth Dougherty

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. 495-03-0674
17. INFORMANT'S SIGNATURE OR NAME Ruth Dougherty ADDRESS Troy 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) MENINGEAL HEMORRHAGE
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) FRACTURED FRONTAL BONES of SKULL
DUE TO (c) TRAUMATIC INJURIES of SKULL
INTERVAL BETWEEN ONSET AND DEATH 1 61 2 6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BASIL FRACTURE of SKULL

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 070
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US Highway 40
21c. (CITY, TOWN, OR TOWNSHIP) Jonesburg (COUNTY) Montgomery (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May-24-1951 6:40 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto-truck Collision

22. *I hereby certify that I ~~attended~~ Vewed the deceased from* 24 May, 1951, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Clement W Lunnert DDS (Degree or title) Coroner
23b. ADDRESS Montgomery City Mo
23c. DATE SIGNED 24 May 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE May 25
24c. NAME OF CEMETERY OR CREMATORY Kansas City Mo
24d. LOCATION (City, town, or county) Kansas City (State) Mo

DATE REC'D BY LOCAL REG. May 27-51
REGISTRAR'S SIGNATURE Mrs May Miller
25. FUNERAL DIRECTOR'S SIGNATURE Earl A Harding ADDRESS Jonesburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 3 1951
DISTRICT HEALTH OFFICE No. 4
File No. NOV 28 1951

JUN 13 1951

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 Carl H. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg Mo

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.