

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7568**

FILED MAR 23 1952

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 92			
1. PLACE OF DEATH a. COUNTY Callaway 0145 2				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Howard	
b. CITY OR TOWN Fulton			c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Fayette			0451		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 1				d. STREET ADDRESS (If rural, give location) 105 W. Shields St					
3. NAME OF DECEASED (Type or Print) Eugene			a. (First)		b. (Middle) Dougherty		c. (Last)		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
Mar 15		1952							
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED divorced	8. DATE OF BIRTH Nov 15 1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY woodyard		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME George Dougherty			13b. MOTHER'S MAIDEN NAME Susie Jimmison			14. NAME OF HUSBAND OR WIFE Susie Jimmison			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) DK			16. SOCIAL SECURITY NO. DK		17. INFORMANT'S SIGNATURE OR NAME Thomas Dougherty			ADDRESS St Charles 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200					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) (m.)		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 Feb 23 , 19 52 , to Mar 15 , 19 52 , that I last saw the deceased alive on Mar 14 , 19 52 , and that death occurred at 9:45 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE JR Hunter M.D. (Degree or title)				23b. ADDRESS Fulton Mo		23c. DATE Mar 15			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/16/52	24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Fayette Mo				
DATE REC'D BY LOCAL REG. Mar-16-1952		REGISTRAR'S SIGNATURE Maretha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Owsen		ADDRESS Fayette Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Fayetta Cass

Licensed Embalmer No. *3340*

P. O. Address *Fayette 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.