

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17341

State File No. ....

716 JUN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 56

5932  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>	
		d. STREET ADDRESS (If rural, give location) <u>503 S. Lafayette St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Kay</u> c. (Last) <u>Daugherty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>Oct. 13, 1944</u>		9. AGE (In years last birthday) <u>7</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Girl</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wheaton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Gene Daugherty</u>		13b. MOTHER'S MAIDEN NAME <u>Georgie Hood</u>	
14. NAME OF HUSBAND OR WIFE		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>Gene Daugherty</u>		ADDRESS <u>Neosho, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LACERATION BRAIN</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 DAYS</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>PENETRATING SKULL WOUND</u>					
		DUE TO (c) <u>STRUCK CAR DOOR HANDLE</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8124 25</u>					

19a. DATE OF OPERATION <u>10 MAY 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>LAC. SCALP - AVULSION SKULL RT PARIETAL - LAC. BRAIN</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>STREET</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEOSHO NEWTON MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 9 1952 5P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>STRUCK DOOR RAN INTO MOVING CAR - HANDLE</u>			

22. I hereby certify that I attended the deceased from 9 MAY, 1952, to 13 MAY, 1952, that I last saw the deceased alive on 13 MAY, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>15 May 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neosho I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>May 16 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Neosho, Missouri</u>	
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RECORD

NEWTON COUNTY HEALTH UNIT

DECEASED

DECEASED

Date of Death JUN 11 1952

652-92

NEOSHO, MISSOURI

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 *Earl J. Thompson Jr.*

Licensed Embalmer No. *4861*

P. O. Address *Neosho, 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.