

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6624

State File No.

FILED MAR 10 1953

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 48

05120

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (In this place) 24yrs		d. STREET ADDRESS (If rural, give location) 515, E. Market.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center.			

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Arthur c. (Last) Daugherty			4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1953.		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Apr. 8, 1884		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
11. BIRTHPLACE (State or foreign country) Johnson Co. MO.		12. CITIZEN OF WHAT COUNTRY? U.S. A.		13. KIND OF BUSINESS OR INDUSTRY College	

13a. FATHER'S NAME Valentine Daugherty		13b. MOTHER'S MAIDEN NAME Sarah Francis Smith		14. NAME OF HUSBAND OR WIFE Margaret N. Daugherty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-12-1317		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret N. Daugherty, Warrensburg	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchitis		INTERVAL BETWEEN ONSET AND DEATH @ 2 wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 500X			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema and Arteriosclerosis		4 yrs	

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 8-5 1952, to 2-24, 1953, that I last saw the deceased alive on 2-24, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Charles M. Lane M.D. (Degree or title)		23b. ADDRESS Warrensburg, Mo.		23c. DATE SIGNED 2-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 26, 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	
		24d. LOCATION (City, town, or county) (State) Warrensburg, MO.			

DATE REC'D BY LOCAL REG. Feb. 26, 1953		REGISTRAR'S SIGNATURE Savannah C. Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

JOHNSON COUNTY HEALTH DEPARTMENT
MAR 2 1953
MAY 19 1953

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.....
Student Embalmer

Signed *J. Earl Priest*.....

Licensed Embalmer No. *3878*.....

P. O. Address *Warrensburg 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.