

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22793**  
Registrar's No. **5468**

FILED JUN 20 1953

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place) <b>58 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Potosi</b>		1100		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St John's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>/</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andrew</b> b. (Middle) <b>Madison</b> c. (Last) <b>Daugherty</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 31 1953</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>7-1-1885</b>		
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>29</b>		IF UNDER 1 Hrs. <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saw Mill Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Saw Mill</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Camden, County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward Daugherty</b>			13b. MOTHER'S MAIDEN NAME <b>Caroline Connell</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Daugherty</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-12-4951</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Elizabeth Daugherty</b> ADDRESS <b>Potosi, Mo</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerotic Coronary Thrombosis</b>  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>6 wks.</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <b>4201</b>				
22. I hereby certify that I attended the deceased from <b>4-6, 1953</b> , to <b>5-31-53</b> , that I last saw the deceased alive on <b>5-20, 1953</b> and that death occurred at <b>12.50A.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Chas. W. Smith MD</b> (Designate title)				23b. ADDRESS <b>18 S Kings Highway</b>		23c. DATE SIGNED <b>6-1-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-2-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Potosi, Mo</b>		
DATE REC'D BY LOCAL (REG.) <b>JUN 1 1953</b>		REGISTRAR'S SIGNATURE <b>J. Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith Funeral Home</b> ADDRESS <b>Potosi, Mo</b>				

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

-m85 (Licensed Embalmer's Statement on Reverse Side)

**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

*Mary M. Smith*

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.