

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42303
State File No. 10592

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10592	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 55 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood, Missouri 4544			
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employes Hospital				d. STREET ADDRESS (If rural, give location) 7472 Flora			
3. NAME OF DECEASED (Type or Print) a. (First) Homer		b. (Middle) R.		c. (Last) Daugherty		4. DATE OF DEATH (Month) (Day) (Year) 11 19 54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER-MARRIED	8. DATE OF BIRTH 2-27-1892		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 9 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-BRAKEMAN		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) DRY-BRANCH-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME WM - Joseph Daugherty			13b. MOTHER'S MAIDEN NAME Frances Swyers		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME JOSIE HAYES ADDRESS 7472 FLORA-MAPLEWOOD			
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) Congenital heart failure ANTECEDENT CAUSES DUE TO (b) Chronic valvular heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Congenital heart disease, probably II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
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) 4214-			
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 Oct 6, 1954 , to Nov 19, 1954 , that I last saw the deceased alive on Nov 19, 1954 , and that death occurred at 7:24 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Lucas C. Crowell		(Degree or title) M.D.		23b. ADDRESS 4966 Packard		23c. DATE SIGNED 11/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-22-54		24c. NAME OF CEMETERY OR CREMATORY ANACONDA-CEM.		24d. LOCATION (City, town, or county) (State) ANACONDA-MO	
DATE REC'D BY LOCAL REG. NOV 22 1954		REGISTRAR'S SIGNATURE Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH ADDRESS MAPLEWOOD 17. 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,

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.