

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17529

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>	c. LENGTH OF STAY (in this place) <u>3-4-5</u>	c. CITY OR TOWN <u>Cassville</u>	d. Is Residence within limits of a city or incorporated town? <u>no</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. No. 3, Nevada</u>		f. STREET ADDRESS (If rural, give location) <u>unknown 0050</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>S.</u> b. (Middle) <u>C.</u> c. (Last) <u>DAUGHERTY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1955</u>			
5. SEX <u>MO</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 15-1884</u>	9. AGE (In years last birthday) <u>71</u> if UNDER 1 YEAR Months <u>2</u> Days <u>1</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>unknown 9</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Charles Daugherty</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Ingraham</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nevada State Hosp No 3</u>	ADDRESS <u>Nevada 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arterio-Sclerosis</u>		<u>5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intestinal Obstruction</u>		<u>24 hrs</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>

22. I hereby certify that I attended the deceased from Oct 26, 1953, to May 16, 1955, that I last saw the deceased alive on May 16, 1955, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Herbert Roggett M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hosp. No 3, Nevada Mo</u>	23c. DATE SIGNED <u>5-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>

DATE REC'D BY LOCAL REG. <u>5-17-1955</u>	REGISTRAR'S SIGNATURE <u>Anna &amp; Harry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Barber</u>	ADDRESS <u>West Joplin Mo</u>
--	--	-----	---	----------------------------------

(Licensed Embalmer's State of Missouri)

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.....  
Signature of Student Embalmer

Signed *F. M. Jones*.....  
Licensed Embalmer No. *231*

P. O. Address *Joplin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.