

No. 300
10.48

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39562**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5074** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY OR TOWN rural Polk Twp		c. CITY OR TOWN Rock Port mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 30
c. LENGTH OF STAY (in this place) 2 Hrs.		e. STREET ADDRESS (If rural, give location) rural - 8 miles N.E. Rock Port	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 M.I.N.E. of Rock Port			

3. NAME OF DECEASED (Type or Print) Ronald	a. (First) Ronald	b. (Middle) Joseph	c. (Last) Daugherty	4. DATE OF DEATH (Month) (Day) (Year) Dec. 4 - 1955
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED (Never married, widowed, divorced) Never Married	8. DATE OF BIRTH April 23, 1939	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 11	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY Rock Port High School	11. BIRTHPLACE (City and State or Foreign Country) Rock Port mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Joe Daugherty	13b. MOTHER'S MAIDEN NAME Adene Morris	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joe Daugherty - Rock Port mo	ADDRESS Rock Port mo
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18. CAUSE OF DEATH 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH final result
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sunshot wound of the head		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9191			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 43	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. (Specify) ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) Rock Port (COUNTY) Atchison (STATE) mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 4, 1955 4:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot gun discharged accidentally.
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22. I hereby certify that I attended the deceased from **Dec 4, 1954**, to **Dec 4, 1955**, that I last saw the deceased alive on **Dec 4, 1955**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wallace Carpenter M.D.	23b. ADDRESS Rock Port mo	23c. DATE SIGNED 12-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec. 6 - 55	24c. NAME OF CEMETERY OR CREMATORY Edmond Cemetery	24d. LOCATION (City, town, or county) (State) Rock Port mo
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DATE REC'D BY LOCAL REG. Dec 13, 1955	REGISTRAR'S SIGNATURE Marvin A. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE Beatrice Funeral Home	ADDRESS Rock Port
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(Licensed Embalmer's Statement on Reverse Side)

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

8:15 AM
7/20/1918

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 By Me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. B. Burtram.....
Licensed Embalmer No. 402

P. O. Address Red Bank

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.