

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1768

State File No.

FILED FEB 14 1956

BIRTH NO. 2046-56 REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5605 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LaFayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville,</u>	
c. LENGTH OF STAY (In this place) <u>2 hrs 13 min</u>		d. STREET ADDRESS (If rural, give location) <u>209 W 23rd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whiteman AF Base Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>David</u>	b. (Middle) <u>Wayne</u>	c. (Last) <u>Daugherty</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 30 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>29 Jan 1956</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 12 Hrs. Days	12. UNDER 24 Hrs. Hours	13. UNDER 1 Mth. Mths.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Whiteman AF Base, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Kenneth R Daugherty</u>	13b. MOTHER'S MAIDEN NAME <u>Louise V McQuillen</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth R Daugherty</u>	ADDRESS <u>Higginsville, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs 13 mi</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immature infant (Weight: 1 lb, 15 oz)</u>		
	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.			

19a. DATE OF OPERATION -	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>776x</u>
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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? -
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22. I hereby certify that I attended the deceased from 29 Jan 1956, to 30 Jan 1956, that I last saw the deceased alive on 30 Jan 1956, and that death occurred at 12:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Person or title) <u>Robert J. Basler CPT USAF (MC)</u>	23b. ADDRESS <u>340th Tactical Hospital</u>	23c. DATE SIGNED <u>31 Jan 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RURAL</u>	24b. DATE <u>2-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, MO</u>
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DATE REC'D BY LOCAL REG. <u>2/2/56</u>	REGISTRAR'S SIGNATURE <u>Ema L. Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Forrest S. Hor</u>	ADDRESS <u>Higginsville, MO</u>
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WRITE PLAINLY - USING INK - PREPARE

RECEIVED
FEB 6 1956
JOHNSON COUNTY HEALTH DEPT.

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.....

not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Forrest A. Hooper*

Licensed Embalmer No. *4358*

P. O. Address *Higginsville, 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.