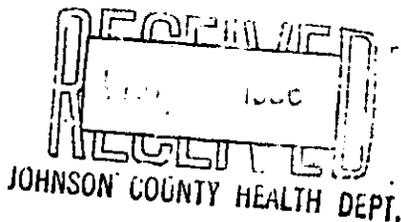


FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1769BIRTH NO. 2047-56 REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5605 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LaFayette					
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Washington Township			c. LENGTH OF STAY (In this place) 38 hrs, 57 min	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville			0541 /		
d. FULL NAME OF HOSPITAL OR INSTITUTION Whiteman AF Base Hospital				d. STREET ADDRESS (If rural, give location) 209 W 23rd Street					
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth		b. (Middle) Ronald		c. (Last) Daugherty Jr		4. DATE OF DEATH (Month) (Day) (Year) January 31 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 29 Jan 1956		9. AGE (In years last birthday)	10. UNDER 1 YEAR Months 1	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Whiteman AF Base, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Kenneth R Daugherty			13b. MOTHER'S MAIDEN NAME Louise V McQuillen			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise V. Daugherty Higginsville, Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immature infant (Weight: 1 lb, 8 oz)						38 hrs 57 min		
	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.						776X		
19a. DATE OF OPERATION -		19b. MAJOR FINDINGS OF OPERATION None						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) -					
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? -					
22. I hereby certify that I attended the deceased from 29 Jan, 1956, to 31 Jan, 1956, that I last saw the deceased alive on 31 Jan, 1956, and that death occurred at 1:15 P.m., from the causes and on the date stated above.									
23a. SIGNATURE Paul A. Dosch (Degree or title) PAUL A. DOSCH 1LT USAF (MC)				23b. ADDRESS 340th Tactical Hospital			23c. DATE SIGNED 31 Jan 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-31-56		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Higginsville, Mo			
DATE REC'D BY LOCAL REG. 2/3/56		REGISTRAR'S SIGNATURE Ernie R. Beatty		25. FUNERAL DIRECTOR'S SIGNATURE Ernest R. Hofer		ADDRESS Higginsville, Mo			

(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.....

*Not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Forest P. Hofer*

Licensed Embalmer No. *4801*

P. Q. Address *Higginsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.