

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 40475

85080-56

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 255

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Mexico			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Centralia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Audrain County Hospital				Length of stay in lb		d. STREET ADDRESS (If outside, give location) Route 2			
3. NAME OF DECEASED (Type or print) John Daughenbaugh				4. DATE OF DEATH Month Dec Day 17 Year 56					
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 17, 1956		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days		
							IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Daughenbaugh				14. MOTHER'S MAIDEN NAME Maxine Shelton					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT John Daughenbaugh Rte 2 Centralia				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature Birth								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Centralia		COUNTY Missouri		STATE	
21. I attended the deceased from Jan 12-17 56 and last saw ^{her} him alive on Dec 17-1956 Death occurred at 2:53 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Robert L. Ward, M.D.</i> (Degree or title)				22b. ADDRESS Centralia, Mo.			22c. DATE SIGNED 12/18/56		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Dec. 19, 1956	23c. NAME OF CEMETERY OR CREMATORY City of Centralia		23d. LOCATION (City, town, or county) (State) Centralia Missouri				
24. FUNERAL DIRECTOR Bill G. Maslow, Centralia, Missouri Dec 18-1956				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Beneke Neely			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 Richard Arthur Notton, Student Embalmer No. 5 working under my personal supervision.

Student Richard A. Notton
Signature of Student Embalmer

Signed Bill J. Maddox

Licensed Embalmer No. 4

P. O. Address Central

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.