

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **11**

FILED JAN 21 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Johnson Tws. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith		Length of stay in lb 3 hours	
d. STREET ADDRESS North of Arbela		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jay Middle Edward Last Daggs			4. DATE OF DEATH Month Jan. Day 9 Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Scotland Co. Mo.
13. FATHER'S NAME Columbus Daggs		14. MOTHER'S MAIDEN NAME Eudora Biggs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Marian Daggs		Address Arbela, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Distended Hemorrhage & Shock (fractured Rib Fractures & Ruptured Chest) DUE TO (b) Severe emphysema DUE TO (c) Secondary to auto accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 2 1/2 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8164	
20a. ACCIDENT <input checked="" 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.) Head on collision of two automobiles	
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 COUNTY STATE	
21. I attended the deceased from Jan 9 1957 to Jan 9 1957 and last saw ^{her} him alive on Jan 9, 1957 Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Norton T. Engle, M.D.		22b. ADDRESS Kirksville, Mo	
22c. DATE SIGNED Jan 9, 1957			
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE Jan. II, 1957	
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) (State) Scotland Co. Mo.	
24. FUNERAL DIRECTOR W. Raymond Stone		25. DATE RECD. BY LOCAL REG. 1-14-57	
ADDRESS Memphis		26. REGISTRAR'S SIGNATURE Darwin W. Rathoff	

health, welfare, public service
 300-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 1963

DEC 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Neal Payne*

Licensed Embalmer No. *25*

P. O. Address *Memph*

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.