

Health, Welfare, Public Service

300 5-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use any standard nomenclature in Part I. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

79959
STATE FILE NUMBER

FILED APR 11 1957

Registration District No. 65 Primary Registration District No. 5256 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo b. COUNTY Chariton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SUMNER-CUNNINGHAM TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY-OR TOWN SUMNER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb		d. STREET ADDRESS 3 MI. N.E.	
3. NAME OF DECEASED (Type or print) First AMOS Middle W. Last Daugherty			4. DATE OF DEATH Month 4 Day 6 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 21-1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 1 Days 15	IF UNDER 24 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) SUMNER MO		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME AMOS Daugherty				14. MOTHER'S MAIDEN NAME Rhoda Conger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 712-12-7224		17. INFORMANT Address MISAMOS Daugherty-SUMNER 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) Carcinoma Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastasis DUE TO (c) _____ 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
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		COUNTY	STATE
21. I attended the deceased from March 27 to 4-6-57 and last saw him her alive on 4-4-57 . Death occurred at 4-6-57 9:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Schubert</i>				22b. ADDRESS Maquire, Mo		22c. DATE SIGNED 4-8-57	
23a. BURIAL, CREMATION, REMOVAL, (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
Burial		4-8-57	hakeside		SUMNER MO		
24. FUNERAL DIRECTOR S. H. Keiper				ADDRESS Mendon Mo		25. DATE RECD. BY LOCAL REG. April 8-57	26. REGISTRAR'S SIGNATURE Mildred Boone

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1951 6 1001
1951 9 2 884
DEC 11 1957

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, ~~only~~..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. R. Shepard*

Licensed Embalmer No. *39*
P. O. Address *Mendo*

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.