

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18568
STATE FILE NUMBER
4452
REGISTRAR'S NO.

Registration District No. 318 Primary Registration District No. 1003

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE Missouri b. COUNTY <i>Shaw</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN DesArc		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL, IN OR INSTITUTE Missouri Baptist Hospital			Length of stay in 1b 5 weeks		d. STREET ADDRESS 6470 3/0		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Marion Middle Ernest Last Daggett				4. DATE OF DEATH Month May Day 8 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 Jan. 13, 1885		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Wayne Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Clark Daggett				14. MOTHER'S MAIDEN NAME Unknown			
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. Unknown		17. INFORMANT Mrs. Hessel Daggett, DesArc, 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) Pneumonia - terminal-hypostatic Carcinomatosis - generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) adenocarcinoma of prostate DUE TO (c) adenocarcinoma of prostate 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 72 hr. 1 yr. or more 2 yr. or more	
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.) 177x				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE		
21. I attended the deceased from March 1, 1957 to 5-8-57 and last saw her alive on 5-7-57 Death occurred at 8:00 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Andy Hall, Jr., M.D.				22b. ADDRESS University Club Bldg. Dr. Lewis 3 Mo. Univ. Club Bldg.		22c. DATE SIGNED 5-8-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-8-57	23c. NAME OF CEMETERY OR CREMATORY Local			23d. LOCATION (City, town, or county) (State) DesArc, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. MAY 9 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO-196	

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James D. Embley*.....
Licensed Embalmer No. *368*
P. O. Address *St. Louis*

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.