Health, Welfare Public Service

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FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20377
STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chariton C. Rest Home Length of stay in Ib 3 MO

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Sumner 0219 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Rhoda Middle Daugherity Last

4. DATE OF DEATH Month 6 Day 16 Year 1957

5. SEX Female
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Sept 13 1871
9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months 9 Days 3
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (City and state or country) Sumner Mo
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Conger
14. MOTHER'S MAIDEN NAME Eliza Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mrs Mae Lentz Address Sumner Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Apoplexy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension & Senility
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 334X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2 57 to June 14 57 and last saw her/him alive on June 14 57
Death occurred at 12.10 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J L Fretes (Degree or title) DO
22b. ADDRESS Brunswick Mo
22c. DATE SIGNED June 17 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-18-57
23c. NAME OF CEMETERY OR CREMATORY Lakeside
23d. LOCATION (City, town, or county) Sumner (State) Mo

24. FUNERAL DIRECTOR A. R. Leopard ADDRESS Mendon Mo
25. DATE RECD. BY LOCAL REG. 6-20-57
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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 S. L. Leipard

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.