

Health,
& Welfare
Public
Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35363

STATE FILE NUMBER

FILED OCT 29 1957

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE INDIANA b. COUNTY LAKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PACIFIC, MO. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN GARY 815 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	
d. STREET ADDRESS 5135 MARYLAND AVE.		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle VINCENT Last DAUGHTERY		4. DATE OF DEATH OCT. 18, 1957 Month Day Year	
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 OCT. 17, 1927
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min.	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY MACHINIST	11. BIRTHPLACE (City and state or country) BEDFORD, INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME CLARENCE DAUGHTERY	
14. MOTHER'S MAIDEN NAME ELEANOR ALLEN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR 2	
16. SOCIAL SECURITY NO.		17. INFORMANT ELEANOR DAUGHTERY Address BEDFORD, IND.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shrapnel wound of head - DUE TO (b) Suicide - rifle - DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Instant.
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"/> 3
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 976X Shrapnel		
20c. TIME OF INJURY. Hour, Month, Day, Year 3 p. m. 10/18/57	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION Near Pacific Franklin MO.	20f. COUNTY Franklin		20g. STATE MO.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS [Address]	22c. DATE SIGNED 10/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10/19/57	23c. NAME OF CEMETERY OR CREMATORY GREEN HILL CEM.	23d. LOCATION (City, town, or county) (State) BEDFORD, INDIANA
24. FUNERAL DIRECTOR E. F. Ottmann ADDRESS UNION, MO.		25. DATE RECD. BY LOCAL REG. Oct. 19-1957	26. REGISTRAR'S SIGNATURE Mary B. Grass

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1957
NOV 12 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, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph Altmann*.....

Licensed Embalmer No. 480

P. O. Address *Union, N.J.*

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.