

Health,
& Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40972
STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 172 Primary Registration District No. 4222 Registrar's No. 82

S. 300
v. 1-57 C

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly		c. CITY OR TOWN Waverly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic		d. STREET ADDRESS (If outside, give location) Waverly Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 2 Wks.			

3. NAME OF DECEASED (Type or print) First Middle Last Eva Blanch Daughtery			4. DATE OF DEATH Month Day Year 11 13 1957		
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5. SEX Female	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 March 31/1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during year just past, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Sullivan County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Harrington	13b. MOTHER'S MAIDEN NAME Ida Hackett	14. NAME OF HUSBAND OR WIFE Charles Daughtery
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 489-22-6276	17. INFORMANT Charles Daughtery Address Waverly, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 mins.	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) cardio vascular renal disease with hypertension		4 yrs.-6
	DUE TO (c) arteriosclerosis generalized		4 yrs.-6
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.)
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20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <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 Waverly, Missouri	COUNTY	STATE
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21. I attended the deceased from **July 19, 1952** to **Nov. 13, 1957** and last saw her alive on **Nov. 13, 1957**
Death occurred at **12:45 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jordan Spelling MD (Degree or title)	22b. ADDRESS Waverly, Missouri	22c. DATE SIGNED 11/16/57
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23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 11/16/1957	23c. NAME OF CEMETERY OR CREMATORY Union	23d. LOCATION (City, town, or country) (State) 6 Mi. NE of Marshall, Mo.
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24. FUNERAL DIRECTOR Bailey Funeral Home ADDRESS Waverly, Mo.	25. DATE RECD. BY LOCAL REG. 11-16-57	26. REGISTRAR'S SIGNATURE Marie W Bailey
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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NOV 21 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 *Morris D. Bonney*

Licensed Embalmer No. 4827

P. O. Address. *Waverly Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.