

FILED JAN 8 1958

Registration District No. 325 Primary Registration District No. 4476 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Downing, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Downing, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>			Length of stay in 1b <u>1 yr.</u>			d. STREET ADDRESS (If outside, give location) <u>Road on Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Effie Marie Daughters</u> First <u>Marie</u> Middle <u>Daughters</u> Last <u>Daughters</u>				4. DATE OF DEATH <u>December 27, 1957</u> Month <u>December</u> Day <u>27</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>wht.</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 10, 1883</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Scotland County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>John Daughters</u>				14. MOTHER'S MAIDEN NAME <u>Laura Cone</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT <u>A.D. Moore</u> Address <u>Downing, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Influenza</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 <u>5:30</u> 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 <u>Lancaster, Mo.</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>			
21. I attended the deceased from <u>8-20-56</u> to <u>12-27-57</u> and last saw <u>her</u> <del>him</del> <u>her</u> <del>him</del> alive on <u>12-26-57</u> Death occurred at <u>5:30</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H.R. Stoker</u> (Degree or title) <u>Dr.</u>				22b. ADDRESS <u>Lancaster, Mo.</u>		22c. DATE SIGNED <u>12-30-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12/30/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Scotland County Missouri</u>		
24. FUNERAL DIRECTOR <u>Norman Funeral Home</u> ADDRESS <u>Downing, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>12-30-57</u>		26. REGISTRAR'S SIGNATURE <u>Fred. R. Decker</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Nova E Foster*

Licensed Embalmer No. *474*  
P. O. Address *Lebanon*

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.