

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014910

State File No.

FILED APR 17 1958

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>308</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn, moxeline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn, mox</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>Brookfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Moxeline Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>415 N. Livingston</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>			b. (Middle) <u>Daggett</u>		c. (Last) <u>Daggett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 6 1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 18 1879</u>	9. AGE (In years last birthday) <u>79 2</u>	IF UNDER 1 YEAR Months <u>14</u> Days <u>14</u>	IF OVER 1 YRS. Hours <u>14</u> Min. <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Expn agent</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Henry B Daggett</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Alice Daggett</u>	
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>712-14-9056</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Mattie Daggett</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio Sclerosis</u>		1 yr	
				DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 25 - 1958</u> , to <u>April 6 - 1958</u> , that I last saw the deceased alive on <u>April 5 - 1958</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John H. Puccac M.D.</u>				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>4/6/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Apr 8 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-7-58</u>		REGISTRAR'S SIGNATURE <u>Brookie Owens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James H. Bowden</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0581

577

JUN 8 1958

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 *Jamer B. Mc Clelland*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield*

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.