

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-041136
 STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 632

| | | | | | |
|---|--|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Ripley | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Daniphan | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Daniphan | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp | | Length of stay in lb 49 YEARS | d. STREET ADDRESS (If outside, give location) 0910 407 Fourth St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ALMA Middle Gerlach Last Doherty | | | 4. DATE OF DEATH Month 11 Day 7 Year 58 | | |
| 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 MAY 5, 1895 | |
| 9. AGE (In years last birthday) 63 | 10. FUNDER 1 YEAR Months 6 Days 3 | 11. IF UNDER 24 HRS. Hours 0 Min. 0 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Chester, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME John D Gerlach | | 13b. MOTHER'S MAIDEN NAME MARY P. Neville | | 14. NAME OF HUSBAND OR WIFE Chester A. Doherty | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Address Chester A. Doherty Daniphan, Mo | | |
| 18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) primary in breast DUE TO (c) metastasis to lungs + generalized in bones. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 years. |
| 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 p.m. Month, Day, Year | | | | | |
| 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 COUNTY STATE | |
| 21. I attended the deceased from Sept 1957 , to November 7, 1958 and last saw her/him alive on 11/7/58 Death occurred at 5:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Deceased or title) Frank C. Johnson MD | | | 22b. ADDRESS Daniphan Mo | | 22c. DATE SIGNED 11/8/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 11-9-58 | 23c. NAME OF CEMETERY OR CREMATORY Daniphan Cemetery | | 23d. LOCATION (City, town, or county) (State) Daniphan Missouri | |
| 24. FUNERAL DIRECTOR EDWARDS FUNERAL HOME ADDRESS DANIPHAN, MISSOURI | | 25. DATE RECD. BY LOCAL REG. 11-10-58 | | 26. REGISTRAR'S SIGNATURE Flava Broz | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms with 28 listed.

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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 *Thomas M. Emmons Jr.*

Licensed Embalmer No. *5064*.....

P. O. Address *Drumplong, Va.*

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.