

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012189
State File No.

8 x
FILED MAY 12 1959

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. _____ Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Clark township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Clark township</u>	
c. LENGTH OF STAY (In this place) <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles N.E. of Corning, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3 miles East of Rock Port on Highway No. 275</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cyril</u> b. (Middle) <u>Neal</u> c. (Last) <u>Dougherty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb. 17, 1932</u>
9. AGE (In years) (last birthday) <u>27</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>School teacher</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>In the school</u>		11. BIRTHPLACE (State or foreign country) <u>Craig, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Clarence M. Dougherty</u>		13b. MOTHER'S MAIDEN NAME <u>Thelma Miller</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1954-1956</u>		16. SOCIAL SECURITY NO. <u>490-34-8226</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Dougherty - Fairfax, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rock Port, Mo. Atchison</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 3 59 2:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Douglas L. Galley, Coroner</u>		23b. ADDRESS <u>Rock Port, Mo.</u>		23c. DATE SIGNED <u>5-4-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & removal</u>		24b. DATE <u>May 5, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Therwin N. Schaefer</u>			
DATE REC'D BY LOCAL REG. <u>May 7, 1959</u>		REGISTRAR'S SIGNATURE <u>Therwin N. Schaefer</u>		ADDRESS <u>Wilber L. Schaefer - Craig, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1959 JUL 1

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.....

myself

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Wilbur L. Schooler*

Licensed Embalmer No. *3997*

P. O. Address *Craig, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.