

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-015241

FILED VS. MAY 16 1960 149

Primary Registration District No. 1002 Registrar's No. 2458

STATE FILE NUMBER

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |   | Length of stay in 1b<br><b>34 Yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>3609 Bellefontaine</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ALMA</b> Middle <b>E.</b> Last <b>DAUGHERTY</b>  |   |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>4</b> Year <b>1960</b>   |   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-10-1889</b>   | 9. AGE (last birthday)<br><b>71</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Ohio</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>                                       |
| 13a. FATHER'S NAME<br><b>Robert Kosier</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Nellie Beamis</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Wm. H. Daugherty</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Col. Thomas Daugherty, Sacramento, Calif.</b>  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Thrombosis of Coronary Artery due to Atherosclerosis</b>  |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hrs.</b>                                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |   |   |  |   | DUE TO (b)   |
|  |   |   |  |   | DUE TO (c)   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetes Mellitus</b>  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)   |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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 COUNTY STATE<br><b>Kansas City Jackson Mo.</b>   |  |   |  |
| 21. I attended the deceased from <b>June 16, 1948</b> to <b>May 4, 1960</b> and last saw him/her alive on <b>May 3, 1960</b><br>Death occurred at <b>2:45</b> a m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Richard L. Lehner, M.D.</b>   |   |   | 22b. ADDRESS<br><b>1400-1103 Grand</b>   |   | 22c. DATE SIGNED<br><b>5-4-60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>5-6-60</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Independence, Missouri</b>  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Freeman Mortuary Kansas City, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-4-60</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Neil Marshall</b>  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Richard L. Lehner

OCT 28 1960

*M. Freeman*  
12:30 - 5  
1400 Prof. Bldg.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by *J. Lauren Freeman Jr.*, Student Embalmer No. 592  
working under my personal supervision.

Student *J. Lauren Freeman Jr.*  
Signature of Student Embalmer

Signed *Walter H. Ervini*

Licensed Embalmer No. 4352

P. O. Address *Kansas C*

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