

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029926

FILED VS SEP 1 1960

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 33 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY CHRISTIAN		b. CITY (If outside corporate limits, give TOWNSHIP only) OZARK		a. STATE MISSOURI		b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OZARK		Length of stay in 1b LIFE		c. CITY OR TOWN OZARK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION OZARK, MO. (HOME)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS X		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
LENNA DAUGHERTY			AUG 12 1960				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) CHRISTIAN CO, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME MONROE WILLIAMS		13b. MOTHER'S MAIDEN NAME M. KINDRICK		14. NAME OF HUSBAND OR WIFE X X			
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 RAY DAUGHERTY OZARK, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary thrombosis						10 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) arteriosclerosis known 6 yrs	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour a.m. 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 12 Aug/60 to 12 Aug/60 and last saw her live on 12 Aug/60 Death occurred at 3:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature]			22b. ADDRESS Ozark, Mo			22c. DATE SIGNED 15 Aug/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG. 16, 60		23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
24. FUNERAL DIRECTOR HERMAN LOHMEYER, SPRINGFIELD, MO			25. DATE RECD. BY LOCAL REG. Aug 30 - 1960		26. REGISTRAR'S SIGNATURE [Signature]		

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

0961 8 T 100

JUN 21 1961

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 *R/S M/O Cannon*

Licensed Embalmer No. 2727

P. O. Address *Springfield*

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.