DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 17 1960

-60-039157
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 233

MENDED

1. PLACE OF DEATH
a. COUNTY ~~Atchison~~ Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Length of stay in 1b 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Francis Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY ~~Atchison~~ Nodaway
c. CITY OR TOWN Burlington Junction — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 Mi N W Burlington Junction — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Annie Middle A Last Daugherty
4. DATE OF DEATH Month Oct-6th- Day Year 1960

5. SEX Female
6. COLOR OR RACE Wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9/9/1876
9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Gen House work
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME Fred Ward
13b. MOTHER'S MAIDEN NAME Alice Beck
14. NAME OF HUSBAND OR WIFE Samuel Daugherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Fred Daugherty Address Burlington, Junction, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis — 10 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) Acute Gastroenteritis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb 1957, to Oct 6, 1960 and last saw her/him alive on Oct 6, 1960
Death occurred at 7 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS Maryville Mo
22c. DATE SIGNED 10/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct-9-1960
23c. NAME OF CEMETERY OR CREMATORY Blanchard Cemetery
23d. LOCATION (City, town, or county) (State) Blanchard, Iowa

24. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Westboro Mo.
25. DATE RECD. BY LOCAL REG. 10-8-60
26. REGISTRAR'S SIGNATURE Bess Wolf

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Ashley R Tucker III, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. R. Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Mis

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