

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-012453**  
STATE FILE NUMBER

AMENDED

Registration District No. 4 Primary Registration District No. 4012 Registrar's No. 44

**FILED MAY 2 1961**

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Atchison</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rockport</b>		Length of stay in 1b <b>6 Mo</b>		c. CITY OR TOWN <b>Westboro</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rockport Rest Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2 Mi South Westboro</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Alfred</b> Middle <b>Edward</b> Last <b>Daugherty</b>				4. DATE OF DEATH Month <b>April</b> Day <b>20</b> Year <b>1961</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Wh</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-6-1873</b>		9. AGE (last birthday) <b>87</b>		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) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Work</b>			11. BIRTHPLACE (City and state or country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY <b>U S</b>				
13a. FATHER'S NAME <b>Wm Daugherty</b>				13b. MOTHER'S MAIDEN NAME <b>Margaret Douthirt</b>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs Paul Blackford-Faucett, Mo</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Prostatic obstruction</b> DUE TO (c) <b>Prostatic hypertrophy</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>1 year</b> <b>5 years</b>			
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 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 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 <b>April 12, 1961</b> to <b>April 19, 1961</b> and last saw him alive on <b>April 19, 1961</b> Death occurred at <b>12:20 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Name or title) <b>Edward S. Dore MD</b>						22b. ADDRESS <b>Tarkio, Mo.</b>			22c. DATE SIGNED <b>4/22/61</b> (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April-22-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Elmo Cemetery</b>			23d. LOCATION (City, town, or county) <b>Elmo-Missouri</b>						
24. FUNERAL DIRECTOR <b>Tucker Funeral Home Westboro Missouri</b>					25. DATE RECD. BY LOCAL REG. <b>April 30, 1961</b>			26. REGISTRAR'S SIGNATURE <b>Marvin N. Schaefer</b>					

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

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 me,  
or by Ashley R Tucker, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.