

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

SL-25879 XC-19 590 9818 1003 6358 -61-026721
 Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 14 DAYS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY ST. FRANCOIS (mission)		c. CITY OR TOWN ELVINS	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) FERDAND DAUGHERTY				First	Middle	Last	4. DATE OF DEATH 7/7/61		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/23/98		9. AGE (last birthday) 62		IF UNDER 1 YEAR Months 6 Days 9	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED POLICE OFFICER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SALEM, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WILLIAM DAUGHTERY			13b. MOTHER'S MAIDEN NAME MARGARET TALENT			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) YES WW-II			16. SOCIAL SECURITY NO.		17. INFORMANT BEN DAUGHERTY (BROTHER) SEE #2		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		163x				
			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 checked="" 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	
VA		6/16/61		7/7/61		VAH		7/7/61	
21. Attended the deceased from 6/16/61 to 7/7/61 and last saw him alive on 7/7/61 Death occurred at 9:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE William M. Tierney, M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.				22c. DATE SIGNED 7/7/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/7/1961		23c. NAME OF CEMETERY OR CREMATORY Stone Hill Cemetery		23d. LOCATION (City, town, or county) (State) Dent County, Missouri			
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo.				25. DATE RECD. BY LOCAL REG. JUL 10 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

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 Murphy L Spinks

Licensed Embalmer No. 4236

P. O. Address West River, Mo

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.