

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24123

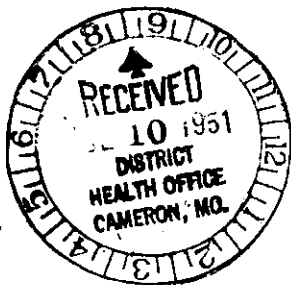
State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural. Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural. Richmond?</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 M. N. Richmond.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 M. N. Richmond.</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 M. N. Richmond.</u>	
3. NAME OF DECEASED a. (First) <u>Cristopher Columbus</u> b. (Middle) _____ c. (Last) <u>Daugherty.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-51</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-9-1862</u>
9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <u>Retired Farmer.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Racine Wis.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Christopher Daugherty</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Weak</u>	14. NAME OF HUSBAND OR WIFE <u>Matie Daugherty Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Daugherty, Fair Haven, Iowa.</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
ANTECEDENT CAUSES DUE TO (b) <u>Hypertension &</u> DUE TO (c) <u>Arterial Sclerosis</u>			10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/3/1951</u> to <u>6/24/1951</u> , that I last saw the deceased alive on <u>6/24/1951</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. E. Quinn M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond Mo</u>	23c. DATE SIGNED <u>7/2/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Slope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 2-1951</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Questling FUNERAL Home</u> ADDRESS <u>Richmond Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4064

P. O. Address. Richmond, Va.

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 this body is not embalmed, fact should be so stated above.