

FILED OCT 14 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 68 0037539

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 0
10a. 63
10b.
11. 1
12. 3
13. 8059
14.
15. 9
16. 51
17. 068
18. 3
19. CREDITS
20. 3-0

VS 300
Rev. 1/684. 0680
5. 91

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 8020

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 224

Primary Registration District No. 5793

Registrar's No. 53

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Charles W. Dougherty					7. Male	8. Oct. 2, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. White		5a. 63		5b.	5c.	6. Approx. 1903		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		7c. Moniteau		
7a. Woolridge		7b. No		7d. Woolridge Mo.				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Illinois		9. U.S.A.		10. Divorced				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 371-01-8442		13a. Dishwasher		13b. Same				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Arizona		14b. Maricopa	14c. Phoenix		14d. Yes	14e. Unknown		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. Michial (Unkown) Dougherty					16. Rose (Unkown)			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Mrs. Carilyn Sanders				17b. Massillon, Ohio				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE								
(a) Crushing injuries to head.							Instant	
DUE TO, OR AS A CONSEQUENCE OF:								
(b)								
DUE TO, OR AS A CONSEQUENCE OF:								
(c)								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
						19a.	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. accident		20b. Oct 2, 1968		20c. 94 M.	20d. Ran over by freight train.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a. no		20b. No. Pacific R.R. track		20c. 2 miles south Woolridge, Mo.				
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH	DAY	YEAR	TO	MONTH	DAY	YEAR
21a. DECEASED FROM					21b.			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
				94 M.		21b. 21c. 21d. 21e.		
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. Kenyon Latham M.D.				23b. Kenyon Latham M.D.		23c. M.D.		23d. 10-10-68
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.		CITY OR TOWN		STATE
				California		Mo.		
BURIAL, CREMATION, REMOVAL (SPECIFY)				CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN
24a. Burial				24b. City Cemetery		24c. California, Mo.		
DATE (MONTH, DAY, YEAR)				FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. Oct 5 1968				24e. Williams Funeral Home		24f. 211 S. Oak Calif. Mo.		
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR'S SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. [Signature]				25b. Florence A. Kelly		25c. October 11-1968		

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

2.3

891

422

11-26-68

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 Walter A. Steward

Licensed Embalmer No. 5172

P. O. Address California, 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.

APR 1 1969