S. No. 2
M—1-4-41
v. 5-17-39
I X26390

84
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25060

State File No.

FILED AUG 13 1942

Registration District No. 703

Primary Registration District No. 4424

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Humansville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: George Dimmitt / Memorial Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days. (Specify whether
In this community 1 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 84

(a) State Missouri (b) County Cedar

(c) City or town Humansville, R.F.D. 703
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oris Lyvonne Dugan.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 21 (Day) 1931 (Year)

8. AGE:

Years	Months	Days	If less than one day
10	7	6	hr. min.

9. Birthplace Dallas County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Clinton Dugan
13. Birthplace Dallas County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Stella Hackler
15. Birthplace Dallas County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Aileen Chaney (Sister)
(b) Address Dunnegan, Missouri #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Benton Branch Cemetery

18. (a) Signature of funeral director Joseph L. Hutsler
(b) Address Humansville, Mo

19. (a) Aug. 3-1942 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 7 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 11, 1942, to July 26, 1942 that I last saw him alive on July 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	24 days
Due to Rabbit Fever	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 26a
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. C. Nevins (M. D. or other) M.D.
Address Humansville Mo Date signed 7-27-42

1180

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-42-898
Date Filed 8-10-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ralph A. Joseph

Licensed Embalmer No. B 149

P. O. Address Hubmansville

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.