FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26726

Registration District No. 150 | Primary Registration District No. 5572 | Registrar's No. 153

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Rural Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 days (Specify whether)

In this community: 4 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Route #9 (If outside city or town limits, write "RURAL")

(d) Street No.: 8615 E 29th K.C. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: —

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3. (a) PRINT FULL NAME: OLIVE DUGAN

3. (b) If veteran, name war: —

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: David Dugan

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

7. Birth date of deceased: Jan (Month) 8 (Day) 1879 (Year)

8. AGE: Years 69 | Months 6 | Days 27 | If less than one day: hr. min.

9. Birthplace: Iowa (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: Unknown Carley

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Joseph Dugan

(b) Address: 8615 E 29th K.C. Mo

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof: 8-7-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Hill Cem K.C.K

18. (a) Signature of funeral director: Delton L. Hagley

(b) Address: Independence Mo

19. (a) Aug 5 1948 (Date received by local registrar) (b) Donald C. Earnshaw (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1948 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 24, 1948 to August 5, 1948 that I last saw living alive on 8-5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: According supervening pyelonephritis with	
Due to: left pyelonephritis with atrophy	weeks
Due to:	
Other conditions: Diabetes mellitus yrs. (Include pregnancy within 3 months of death)	
Major findings: Of operations: Secondary operative pyelonephritis	
Of autopsy:	

Underline the cause of 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)

(e) While at work? (e) Means of injury:

Signature: Frank C. Tschanen M.D.

Address: Indep. Mo. Date signed: 8/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

o. 2 /47 7-39

800

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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 this body is not embalmed, fact should be so stated above.