

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7277
318

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAVANNAH	c. LENGTH OF STAY (In this place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAVANNAH Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) South 5th Street	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Elmer c. (Last) DUGAN			4. DATE OF DEATH (Month) (Day) (Year) 3-7-1949		
---	--	--	--	--	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct. 11-1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4 Days 20	IF UNDER 24 HRS. Hours Mins.
-----------------	---------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY NO DATA Co Mo	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	---	--

13a. FATHER'S NAME CHARLES DUGAN	13b. MOTHER'S MAIDEN NAME Elizabeth Roderick	14. NAME OF HUSBAND OR WIFE OLIVE ANN DUGAN
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olive Ann Dugan Savannah Mo	
---	-----------------------------------	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Instant
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis (?)		
	DUE TO (c)		
	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	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)	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 **3-7, 1949**, to **3-7, 1949**, that I last saw the deceased alive on **3-7, 1949**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lillian B. Keller, MD	23b. ADDRESS Savannah Mo	23c. DATE SIGNED 3-7-49
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-10-1949	24c. NAME OF CEMETERY OR CREMATORY SAVANNAH	24d. LOCATION (City, town, or county) (State) SAVANNAH Mo
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. 3-10-49	REGISTRAR'S SIGNATURE Lillian B. Keller	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. C. Burt Savannah Mo	
---	--	--	--

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.

Signed.....

E. C. Breit

Signed.....

Student Embalmer

Licensed Embalmer No. *2650*

P. O. Address.....

Savannah 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.