

FILED AUG 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 24248

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5891 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gainesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ocie, Mo. Ozark Co.	
c. LENGTH OF STAY (in this place) Two Wks		d. STREET ADDRESS (If rural, give location) Rural, Ozark Co	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bridges Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Patton b. (Middle) Virgil c. (Last) Duggins			4. DATE OF DEATH (Month) (Day) (Year) July--18--1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31, 1968	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ozark, Co. Near Ocie, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME McCager Duggins		13b. MOTHER'S MAIDEN NAME Minervia Tabor		14. NAME OF HUSBAND OR WIFE Lucy Ann Duggins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Clema Tannehill, Ocie 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery disease		INTERVAL BETWEEN ONSET AND DEATH about 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			1201

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) m.	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 July 18, 1949, to July 18, 1949 that I last saw the deceased alive on July 18, 1949 and that death occurred at 7a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Hoerman D.D.	23b. ADDRESS Gainesville, Mo	23c. DATE SIGNED 7/23/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July, 21, 49	24c. NAME OF CEMETERY OR CREMATORY Lutie Cemetery
24d. LOCATION (City, town, or county) (State) Lutie Ozark Co, Mo		

DATE REC'D BY LOCAL REG. 7-25-49	REGISTRAR'S SIGNATURE William Cogwell	405 25. FUNERAL DIRECTOR'S SIGNATURE Chickeringhead Funeral Home - Gainesville, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED JUL 27 1949

District Health Office No. 6,

District File Number 749-865

Date Filled 7-29-49

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

Chesler P. Roof

Licensed Embalmer No. 3048

P. O. Address Geneville, 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.