

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43987**

No. 300
10.48

FILED JAN 28-1950

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 4551		Registrar's No. 3		
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wright, Mo.				
b. CITY (If outside corporate limits, write RURAL and give town) Hartville			c. LENGTH OF STAY (In this place) 57 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Rural Hart				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 5 mi East Hartville				
3. NAME OF DECEASED (Type or Print) a. (First) Nevada			b. (Middle) Pearl		c. (Last) Duggar		4. DATE OF DEATH (Month) (Day) (Year) 10 4 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 12, 1892		9. AGE (In years last birthday) (Months) 57	10. UNDER 1 YEAR Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hartville, Mo		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME Alfred Moore			13b. MOTHER'S MAIDEN NAME Sarah Sparks		14. NAME OF HUSBAND OR WIFE A. E. Duggar			
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. E. Duggar Hartville, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) dropsy				
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic nephritis				
				DUE TO (c)				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		592X		
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) (Min)		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 Jan 1, 1949 to Oct 19, 1949 , that I last saw the deceased alive on Oct 2, 1949 , and that death occurred at 9:30A m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W.F. Schlicht MD				23b. ADDRESS Neosho Mo		23c. DATE SIGNED 1-17-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-9-1949	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Hartville, Mo			
DATE REC'D BY LOCAL REG. Jan 21, 1950		REGISTRAR'S SIGNATURE E. Garner		346		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene C. Halderm Hartville Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 23 1950
District Health Office No. 6,
District File Number 150-121
Date Filed 1-26-50

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 Gene E. Haldren

Signed
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hastings, 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.