

STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1950

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>14 years</u>		d. STREET ADDRESS (If rural, give location) <u>2719 Patee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2719 Patee</u>		e. STREET ADDRESS <u>2719 Patee</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Isabelle</u>		b. (Middle) <u>Main</u>		c. (Last) <u>Duggins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1950</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Apr. 25, 1862</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois, Kinderhook</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>William Borthwick</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Likes</u>		14. NAME OF HUSBAND OR WIFE <u>John Duggins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James E. Main, St. Joseph, Mo.</u>	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>		UNKNOWN	
		DUE TO (c)			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

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 18 JAN, 1950, to 3 FEB, 1950, that I last saw the deceased alive on 2 FEB, 1950, and that death occurred at 1:25 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clement C. Johnson M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>4 Feb 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/6/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>Feb 10, 1950</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heater Downman</u>		ADDRESS <u>St. Joseph, Mo/</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

A. Skinnon

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 _____

James B. Hawkins

Licensed Embalmer No. *4536*

P. O. Address *395 10th St. Joseph, 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.