

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34425

BIRTH NO.		REG. DIST. NO. <u>294</u>	PRIMARY REG. DIST. NO. <u>3056</u>	Registrar's No. <u>358</u>
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Moberly Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higbee Mo</u> <u>088'</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>McCormick</u>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frata</u>		b. (Middle) <u>L</u>	c. (Last) <u>Duggin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 27 1925</u>	9. AGE (In years last birthday) <u>25</u> IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Higbee Mo</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Justus Dearing</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Robb</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Duggin, Higbee Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Justus Dearing Higbee Mo</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Aleukic Leucemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>March, 1950</u> to <u>Oct 25, 1950</u> that I last saw the deceased alive on <u>Oct 25, 1950</u> and that death occurred at <u>6:38 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>D. Robinson</u>		23b. ADDRESS <u>Higbee, Mo.</u>		23c. DATE SIGNED <u>10-26-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 27 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Higbee Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 27 50</u>		REGISTRAR'S SIGNATURE <u>Leah McLean</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burton Funeral Home Higbee Mo.</u>	

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

VS
AUG 25 1960

Date Received: OCT 3 1 1960
DISTRICT HEALTH OFFICE #2
District File Number 10-50
Date Filed: OCT 3 1 1960

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 Ed. G. Gremont

Licensed Embalmer No. 3978

P. O. Address Glasgow, Pa.

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.