S. No. 300
v. 10.48

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

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22564

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5368 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coffey
c. LENGTH OF STAY (In this place): Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coffey 0310
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): a. (First) Hannah b. (Middle) --- c. (Last) Dugger
4. DATE OF DEATH (Month) (Day) (Year): July 31 1951
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feby 12 1852
9. AGE (In years last birthday): 99 If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nursing
10b. KIND OF BUSINESS OR INDUSTRY: Practical Nurse
11. BIRTHPLACE (State or foreign country): St. Jacob, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Theodore Miller
13b. MOTHER'S MAIDEN NAME: Elizabeth Anderson
14. NAME OF HUSBAND OR WIFE: Alonzo Dugger (Dec'd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Guy Welden, Coffey, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — Interval between onset and death: 15 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis 20 yrs

DUE TO (c) Uremia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 592x
20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1947, to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 4:15 P m., from the causes and on the date stated above.*

23a. SIGNATURE: C. S. Baumgardner (Degree or title) D.O.
23b. ADDRESS: Box 88 Coffey, Mo
23c. DATE SIGNED: Aug 2, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-2-1951
24c. NAME OF CEMETERY OR CREMATORY: Coffey Cemetery
24d. LOCATION (City, town, or county) (State): Coffey Missouri

DATE REC'D BY LOCAL REG.: 4 Aug 1951
REGISTRAR'S SIGNATURE: Veaunia M Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: J. C. Richmond, Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
6 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed L. O. Richerson

Signed.....
Student Embalmer

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.