

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1991

State File No.

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4314 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta - Lyda</u> c. LENGTH OF STAY (If this place) <u>while by</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u> <u>8610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at Home</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Duggett</u> c. (Last) <u>Duggett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 10 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Jan. 13. 1875</u>
9. AGE (If years last birthday) <u>76</u> 11 Months <u>27</u> Days <u>27</u> Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>in House wife Housekeeping</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Beverly Armstrong</u>	
13b. MOTHER'S MARYDEN NAME <u>Jessie Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Duggett</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 <u>Dale Duggett</u>		ADDRESS <u>Atlanta, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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) <u>Atlanta Macon MO</u>		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 <u>7-6</u> , 19 <u>50</u> , to <u>1-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>52</u> , and that death occurred at <u>10:40 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Constance Jenkins D.O.</u> (Degree or title)		23b. ADDRESS <u>Atlanta, MO</u>	
23c. DATE SIGNED <u>1-11-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 13. 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Natural</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Atlanta MA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Gooding</u> ADDRESS <u>Atlanta, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 14-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. O. G. Griffin</u> 186	

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

