

No. 300
10.46
FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15750

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 182

43
2

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

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>C Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linn Creek</u> 0150	
c. LENGTH OF STAY (In this place) <u>22y-2m-2d</u>		d. STREET ADDRESS (If rural, give location) <u>unk</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 7</u>			

3. NAME OF DECEASED (Type or Print) <u>Charley Dugan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1952</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>
8. DATE OF BIRTH <u>19 June 1887</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Camden Co Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>L. D. Dugan</u>	13b. MOTHER'S MAIDEN NAME <u>MARtha Black</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
---------------------------------------	---	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u> ADDRESS <u>Fulton, Mo</u>
--	------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo Carditis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	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 1 July, 1949, to 24 May, 1952, that I last saw the deceased alive on 24 May, 1952, and that death occurred at 7³⁰ A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. R. Hunter (954)</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Fulton, Mo</u>	23c. DATE SIGNED <u>24 May, 52</u>
---	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>May 26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fareash</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 25 1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D 426-0 Bankson-Worley</u> ADDRESS <u>Camden, Mo</u>
---	---	--

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 *Abbi Bankson-Holery*.....

Licensed Embalmer No. *24885*.....

P. O. Address *Camden, NJ*.....

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.