

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10650**

Colony
FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045** Registrar's No. **24**

0672

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Herman Davidson		d. STREET ADDRESS (If rural, give location) Charleston, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Edward c. (Last) Dugan		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/27/1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	9. AGE (In years) (last birthday) 78 If under 1 year: Months _____ Days _____ If under 6 hrs: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) Hardin County, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Dugan		13b. MOTHER'S MAIDEN NAME Melvina Brewer		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lon Dugan, Wyatt, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hemorrhage - Peptic ulcer		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 None		19b. MAJOR FINDINGS OF OPERATION 5400		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 **Jan 20, 1953**, to _____, 19____, that I last saw the deceased alive on **Jan 20, 1953**, and that death occurred at **8:10A m.**, from the causes and on the date stated above.

23a. SIGNATURE L. Charles Coleman M.D.		23b. ADDRESS Charleston Mo.		23c. DATE SIGNED 1/23/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/22/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Mo.	
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DATE REC'D BY LOCAL REG. 3-24-53		REGISTRAR'S SIGNATURE Dean Danche		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS The Nunnelee Funeral Chapel, Charleston Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 26 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 27 1959

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 John T. Ammel

Licensed Embalmer No. 3857

P. O. Address Charleston, 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.