

FILED JUN 1- 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17665

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>494</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield,</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elkland</u>		<u>1120</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>no street address</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>DUGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 17, 1906</u>			
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 Hrs. Hours _____ Min. _____					
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>Live Stock Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Luke, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Robert B Dugan</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Florence Hollis</u>			14. NAME OF HUSBAND OR WIFE <u>Lois Dugan</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lois Dugan, Elkland, Mo.</u> ADDRESS _____					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myelogenous Leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>	
ANTECEDENT CAUSES Morbid 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 _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2041</u> 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Mar 1953</u> , to <u>May 23, 1953</u> , that I last saw the deceased alive on <u>May 23, 1953</u> , and that death occurred at <u>6:40 P m.</u> , from the causes and on the date stated above <u>Mo</u>									
23a. SIGNATURE <u>James T. Grod</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Holland Bldg Springfield, Mo</u>				23c. DATE SIGNED <u>5-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Marshfield, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-27-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier</u> ADDRESS <u>Springfield, Mo</u>				

(Licensed Embalmers' Statement on Reverse Side)

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

EX-106  
JAN 6 1936  
67 MAY

**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 Gene P. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, Vt.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.