

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25776**

AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **150**

1. PLACE OF DEATH a. COUNTY Nodaway b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville c. LENGTH OF STAY (In this place) 12 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION 222 North Walnut		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville d. STREET ADDRESS (If rural, give location) 222 North Walnut	
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3. NAME OF DECEASED a. (First) MARGARET b. (Middle) _____ c. (Last) DOUGAN			4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 53		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 10/23/73		9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY Own home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (City and State or Foreign Country) Rushville, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Mahoney		13b. MOTHER'S MAIDEN NAME Katherine Fitzgerald		14. NAME OF HUSBAND OR WIFE Thomas Dougan, dec.	
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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 Mrs. Floyd Pope, Maryville, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatous - origin unknown</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 1999	
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 Aug 2, 1953, to Aug. 2, 1953, that I last saw the deceased alive on Aug 2, 1953, and that death occurred at 11:55P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i> M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 8/4/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/5/53		24c. NAME OF CEMETERY OR CREMATORY St. Patrick's		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
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DATE REC'D BY LOCAL REG. 8-8-53		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 11 1950

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 Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville, 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.