

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 729

No. 300
10.48

FILED JAN 12 1954

BIRTH NO.		REG. DIST. NO. <u>96</u>	PRIMARY REG. DIST. NO. <u>5349</u>	Registrar's No. <u>6</u>
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jasper</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Windyville 0260</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windyville</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u>		b. (Middle) <u>—</u>		c. (Last) <u>Dugan</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-1954</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug. 12-1892</u>	9. AGE (In years last birthday) <u>61</u> 10. UNDER 1 YEAR Months <u>4</u> 11. UNDER 12 HRS. Days <u>25</u> 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>—</u>		11. BIRTH PLACE (State or foreign country) <u>Dallas Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>Theo. Dugan</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira Louder</u>		14. NAME OF HUSBAND OR WIFE <u>Edith 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>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Dugan</u> ADDRESS <u>Windyville 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>Carcinoma left kidney of Metastatic Lung Liver & Bone</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Left Kidney</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)
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 <u>Jan 2</u> , 1954, to <u>Jan 2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 2</u> , 1954, and that death occurred at <u>12:40 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Stephen H. [Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Buffalo Mo.</u>		23c. DATE SIGNED <u>1-8-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-10-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rea Ridge Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Dallas County Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-9-54</u>		REGISTRAR'S SIGNATURE <u>Grant P. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Funeral Home</u> ADDRESS <u>Buffalo Mo.</u>

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

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 *Clyde Montgomery*

Licensed Embalmer No. 31592

P. O. Address Buffalo, 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.