

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9997**
Registrar's No. **2600**

FILED MAR 30 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2600	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 8 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Collinsville		812 1/8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist HOspital				d. STREET ADDRESS (If rural, give location) 802 Maple Street			
3. NAME OF DECEASED (Type or Print) a. (First) Clara			b. (Middle) _____			c. (Last) Dugger	
4. DATE OF DEATH (Month) (Day) (Year) March 21, 1954							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 19, 1877	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (City and State or Foreign Country) Collinsville, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Charles Becker			13b. MOTHER'S MAIDEN NAME Caroline Faker			14. NAME OF HUSBAND OR WIFE James Dugger (deceased)	
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. 337-30-1214		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bladyn Metzger Collinsville, Ill.			
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) Abdominal Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adeno carcinoma, left ovary. DUE TO (c) Chr. Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.					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? 17.5x			
22. I hereby certify that I attended the deceased from Feb 10, 1954 , to March 21, 1954 , that I last saw the deceased alive on March 21, 1954 , and that death occurred at 9:05 PM. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph E. Carney M.D.			23b. ADDRESS 906 Olive			23c. DATE SIGNED 3-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 21, 1954		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) Collinsville, Ill.	
DATE REC'D BY LOCAL REG. MAR 22 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herr Funeral Home Collinsville, Ill.			

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 *Ernest J. Jones*

Licensed Embalmer No. 3577

P. O. Address Collinsville, Illinois

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.