

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33519

STATE FILE NUMBER

FILED OCT 17 1956

Registration District No. 96 Primary Registration District No. S379 Registrar's No. 66

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, give TOWNSHIP only) OR TOWN <u>Jasper</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>0300</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windyville Mo. Life</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Windyville, MO</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>T.</u> Last <u>Dugan</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>4</u> Year <u>1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 27, 1894</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9c. AGE (In years last birthday) <u>62</u> Months <u>5</u> Days <u>5</u> Hours <u>5</u> Min.	10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
11. BIRTHPLACE (City and state or country) <u>Dallas County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Dugan</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Sadie Dugan</u>		Address <u>Windyville, MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Atheroma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertensive heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>7 mos.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>6:00</u> Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Feb. 8, 1956</u> to <u>Oct. 4, 1956</u> and last saw <u>him</u> alive on <u>Oct. 4, 1956</u> Death occurred at <u>6:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph G. Bennett, D. O.</u>		22b. ADDRESS <u>Buffalo, Missouri</u>	22c. DATE SIGNED <u>10/8/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/7/1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Benton Branch</u>	23d. LOCATION (City, town, or county) (State) <u>Dallas County, MO.</u>
24. FUNERAL DIRECTOR <u>Montgomery Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>10/15/56</u>	26. REGISTRAR'S SIGNATURE <u>Miss Grace Petree</u> <u>by JRE</u>	

(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public service
800-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *Lelyde Montgomery*.....

Licensed Embalmer No. *359*

P. O. Address *Buffalo, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.