

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36909
STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Iroquois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u>		c. CITY OR TOWN <u>Clifton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Princess Motel</u>		d. STREET ADDRESS <u>d</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Joseph Dougan</u>		4. DATE OF DEATH Month Day Year <u>Nov. 4 1957</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>Feb. 1, 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freight Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ill. Central RR</u>	11. BIRTHPLACE (City and state or country) <u>Chebanse, Illinois</u>
13a. FATHER'S NAME <u>Frank Dougan</u>		13b. MOTHER'S MAIDEN NAME <u>Marl E. Covey</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Dougan</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW II</u>		16. SOCIAL SECURITY NO. <u>709-05-5037</u>	17. INFORMANT <u>Mary Dougan 1011 North East</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 Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <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.) <u>---</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		<u>---</u>	
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.) <u>---</u>	
21. I attended the deceased from _____ to _____ and last saw him <u>dead</u> on <u>Nov 4 - 57</u> Death occurred at <u>8 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>---</u>	
22a. SIGNATURE <u>J. E. Mudd</u> (Degree or title) <u>Counselor</u>		22b. ADDRESS <u>Bowling Green, Mo.</u>	
22c. DATE SIGNED <u>Nov 4-1957</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Nov. 7, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Normal, Illinois</u>	
24. FUNERAL DIRECTOR <u>Dan J. Carmody</u> ADDRESS <u>Bloomington, Ill</u>		25. DATE RECD. BY LOCAL REG. <u>11-7-57</u>	
		26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 18 1957

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 *James C. Meuld*

Licensed Embalmer No. *4152*

P. O. Address *Bowling Green*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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