

FILED JAN 17 1958

STANDARD CERTIFICATE OF DEATH

47245
STATE FILE NUMBER
6032

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 136
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1006 EAST 8TH ST		Length of stay in 1b 62 YEARS	d. STREET ADDRESS (If outside, give location) 1006 EAST 8TH ST.
3. NAME OF DECEASED (Type or print) First Middle Last AGNES ANN DUGAY			4. DATE OF DEATH Month Day Year DEC. 19 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 26, 1864
9. AGE (In years last birthday) 93		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) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) Belleville, CANADA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN THOMPSON	
13b. MOTHER'S MAIDEN NAME CAROLYN GARSETH		14. NAME OF HUSBAND OR WIFE HARRY A. DUGAY	
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. NONE	17. INFORMANT LUCILLE BRUNER, 1006 E. 8TH ST. K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephritis, chronic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Nephrosclerosis (left kidney) 1 year ago DUE TO (c) Secondary anemia 1956			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nervousness, cerebral mild			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 383 COUNTY STATE	
21. I attended the deceased from Nov. 15, 1957 to Dec. 19, 1957 and last saw her alive on 11:30 am - 12-19-57 Death occurred at 7:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank A. Northrup, M.D.		22b. ADDRESS 1025 E. 8TH ST. K.C., Mo.	
22c. DATE SIGNED Dec 20 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE DEC. 21, 1957	
23c. NAME OF CEMETERY OR CREMATORY AROMA PARK CEMETERY		23d. LOCATION (City, town, or county) (State) AROMA PARK, ILL.	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 12-20-57	
26. REGISTRAR'S SIGNATURE neva Minshall			

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
Frank A. Northrup



106-1 4:30
EN 14151

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 *Bern Lawler*

Licensed Embalmer No. *4915*

P. O. Address *478 32nd St. KC*

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.