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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002301
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 264 Primary Registration District No. ..... Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dawt — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in, 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Ozark
c. CITY OR TOWN Tecumseh — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Ozark Co. (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Laura Middle Anni Last Dugan
4. DATE OF DEATH: Month 1 Day 29 Year 59
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ Child
8. DATE OF BIRTH 1-28-59
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months Days 1 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) x
10b. KIND OF BUSINESS OR INDUSTRY x
11. BIRTHPLACE (City and state or country) Tecumseh Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Andrew M. Dugan
14. MOTHER'S MAIDEN NAME Ellen Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Ellen Dugan, Tecumseh (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffocation — 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 924C
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Infants' age — some prematurity (2-3 wks)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Bed clothing accidentally covering face.
20c. TIME OF INJURY Hour 6:00 a.m. p.m. Month, Day, Year 1/29/59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Dawt COUNTY Ozark STATE Mo.

21. I attended the deceased from 1/28/59, to 1/29/59 and last saw (her/him) alive on 1/28/59
Death occurred at Approximately 6:00 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arthur L. Beard MD (Degree or title)
22b. ADDRESS Gainesville, Mo.
22c. DATE SIGNED 1/31/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-30-59
23c. NAME OF CEMETERY OR CREMATORY Clean Springs
23d. LOCATION (City, town, or county) Ozark Co. (State) Mo

24. FUNERAL DIRECTOR Clio Kingbeard ADDRESS Gainesville
25. DATE RECD. BY LOCAL REG. 2/5/59
26. REGISTRAR'S SIGNATURE Thane Mahan

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.