

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041250

FILED VS NOV 18 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 210

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b Rolla 4 Years		c. CITY OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1609 Heller St.,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1609 Heller St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle DUGMANICS Last DUGMANICS				4. DATE OF DEATH Month Nov. Day 9 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-13-79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Hungary		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME No record			13b. MOTHER'S MAIDEN NAME No record.		14. NAME OF HUSBAND OR WIFE Mary Dugmanics		
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. xx		17. INFORMANT Mrs. Mary Dugmanics, Rolla, Mo.		Address 1609 Heller	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Destruction of Brain Tissue Instant Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 12 ga Shotgun Wound in Head. DUE TO (c) Self inflicted							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Gun plaid against side of head.					
20c. TIME OF INJURY Hour 9:00 a.m. 11-9-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Rolla		COUNTY Phelps		STATE MO	
21. I attended the deceased from _____ to _____ and last saw him/her on _____ Death occurred at Approx 9:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) S. L. V. Neel, Foreman				22b. ADDRESS Rolla, MO		22c. DATE SIGNED 11-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-11-59	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens		23d. LOCATION (City, town, or county) (State) Rolla, Missouri.			
24. FUNERAL DIRECTOR By Null & Sons Funeral Home.. Rolla		25. DATE RECD. BY LOCAL REG. Nov. 10, 1959		26. REGISTRAR'S SIGNATURE Nadene L. Steele			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. N.

Licensed Embalmer No. 4498

P. O. Address Rolla,

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