

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014031

FILED VS APR 25 1960

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		Length of stay in 1b 3yrs	c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 411 S. Osteopathy			d. STREET ADDRESS (If outside, give location) 411 S. Osteopathy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle William Last Duggins			4. DATE OF DEATH Month April Day 21 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> New <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> XXXXXXXXXXXX	8. DATE OF BIRTH 4/15/94	9. AGE (last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm employee		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Knox Co. Mo.	
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME James R. Duggins		13b. MOTHER'S MAIDEN NAME Elizabeth Leach	
14. NAME OF PERSON OR WIFE Margaret Hivly		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. No	
17. INFORMANT Margaret H. Duggins, Kirksville, 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) Coronary Occlusion DUE TO (b) Coronary heart disease DUE TO (c) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH Sudden 5 years. 20 yrs.	
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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 June 15, 1959 to April 21, 1960 and last saw him alive on April 5, 1960 Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Howard E. Gross, M.D.			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 4-22-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/23/60	23c. NAME OF CEMETERY OR CREMATORIUM Locust Hill		23d. LOCATION (City, town, or county) (State) Locust Hill, Knox, Mo.	
24. FUNERAL DIRECTOR Nova B. Swell			25. DATE RECD. BY LOCAL REG. 4-22-1960		REGISTRAR'S SIGNATURE Doris W. Ratliff

DOCUMENT

MEDICAL CERTIFICATION **Cross**

BY AFFIDAVIT OF

Howard E. Gross, D.O.

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 *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, N

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.