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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13582

FILED JAN 16 1950

BIRTH NO. 8777-49 REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Wright			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood		c. LENGTH OF STAY (If in this place) 9 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wood Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mrs. N. Howard's Residence			d. STREET ADDRESS (If rural, give location) 8 Mi. East Hartville, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Caray		b. (Middle)		c. (Last) Dugger		
4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1949		5. SEX M		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH Nov. 25, 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 9		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Robert Dugger		13b. MOTHER'S MAIDEN NAME Della Moore		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Robert Dugger		ADDRESS Route 1 Norwood, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>6 months heart</u> ANTECEDENT CAUSES <u>Weak Blue</u> DUE TO (b) <u>WEAK Blue</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 7625
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2-25, 1949, to 9-25, 1949, that I last saw the deceased alive on 19, and that death occurred at 11:30 am., from the causes and on the date stated above.						
23a. SIGNATURE <u>Lee Van...</u> (Degree or title)			23b. ADDRESS <u>Norwood, Mo</u>		23c. DATE SIGNED <u>11/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-26-1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		
24d. LOCATION (City, town, or county) Norwood, Mo.		24e. (State)				
DATE REC'D BY LOCAL REG. 1-5-49		REGISTRAR'S SIGNATURE <u>Mrs. A.R. Washam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Aldren</u> ADDRESS <u>Hartville, Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 10 1950  
District Health Office No. 6,  
District File Number 150-48  
Date Filed 1-11-50

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 .....  
Student Embalmer

Signed Gene E. Halden

Licensed Embalmer No. 3865

P. O. Address Hartsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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