

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21884**

BIRTH NO. _____ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **6269** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY WEBSTER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO. b. COUNTY WEBSTER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Grant		c. LENGTH OF STAY (in this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Grant		1120
d. FULL NAME OF HOSPITAL OR INSTITUTION R#1 MARSHFIELD			d. STREET ADDRESS (If rural, give location) R#1 MARSHFIELD		
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) CALVIN c. (Last) DUGAN			4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 13, 1869	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JUSTICE-PEACE		10b. KIND OF BUSINESS OR INDUSTRY JUSTICE-PEACE	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM F. DUGAN		13b. MOTHER'S MAIDEN NAME JULIE KING		14. NAME OF HUSBAND OR WIFE VIRTIE Dugan	
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'S SIGNATURE OR NAME VIRTIE DUGAN		ADDRESS SAME
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) Generalized arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH several years
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 April 4, 1951 , to May 22, 1951 , that I last saw the deceased alive on May 22, 1951 , and that death occurred at 3 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE Walter E. Lentz, M.D.		23b. ADDRESS Marshfield, Mo.		23c. DATE SIGNED May 27, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-30-51	24c. NAME OF CEMETERY OR CREMATORY mission home	24d. LOCATION (City, town, or county) (State) Webster MO		
DATE REC'D BY LOCAL REG. 6/13/51	REGISTRAR'S SIGNATURE [Signature] 392		25. FUNERAL DIRECTOR'S SIGNATURE BARBER-BARTO		ADDRESS MARSHFIELD

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JUN 16 1931

Dist. File 637-1334

Date Filed 6-16-31

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

Leo Mason

Licensed Embalmer No. 4568

P. O. Address Mustfield, Mo.

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