

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20799

State File No.

ED JUN 24 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Rural Prairie Twp</u>	c. LENGTH OF STAY (in this place) <u>1948-10/14/50</u>	c. CITY OR TOWN <u>Kansas City</u> <u>3048</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u>		d. STREET ADDRESS (If rural, give location) <u>425 N. Chestnut</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>DUGAN</u> c. (Last) <u>DUGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-52</u>
---	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>10-12-1890</u>	9. AGE (in years last birthday) <u>61</u>	# UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	# UNDER 100 HRS Hours <u>0</u> Min. <u>0</u>
-----------------	---------------------------	---	------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>9</u>
---	---	--	---------------------------------------

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>2 Single</u>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Home, White, Rt. #4-Indep. Mo.</u>	ADDRESS <u>Indep. Mo.</u>
--	-------------------------------------	---	---------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, general</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>4200</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
---	---	---------------------------------

22. I hereby certify that I attended the deceased from April 8, 1950, to May 10, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Hickman</u>	(Degree or title) <u>med.</u>	23b. ADDRESS <u>West Paul Bldg Independence, Mo.</u>	23c. DATE SIGNED <u>5/10/52</u>
-------------------------------------	-------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>5/21/52</u>	REGISTRAR'S SIGNATURE <u>Donald C. Emswiler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Langford</u>	ADDRESS <u>Leis Summit Mo</u>
---	---	--	-------------------------------

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

480
15

JUN 18 RECD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

B. J. Lindley

Signed.....

Student Embalmer

Licensed Embalmer No. *4822*

P. O. Address *Lee's Summit*

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.