

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38636**  
**4801**

FILED NOV 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>               |  | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> |  |
| b. CITY OR TOWN <u>Kansas City, Mo</u>                      |  | c. CITY OR TOWN <u>Adrian</u>   |  |
| c. LENGTH OF STAY (in this place) <u>5 weeks</u>            |  | d. STREET ADDRESS (If rural, give location) <u>0070</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2712 E. 49th</u> |  |   |  |

|                                     |                        |                        |                         |   |
|-------------------------------------|------------------------|------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mary</u> | b. (Middle) <u>ANN</u> | c. (Last) <u>DUGGET</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 31<sup>st</sup> 1952</u> |
|-------------------------------------|------------------------|------------------------|-------------------------|---|

|                      |                               |  |  |   |  |   |
|----------------------|-------------------------------|--|--|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u> | 8. DATE OF BIRTH <u>April 13<sup>th</sup> 1886</u> | 9. AGE (In years last birthday) <u>66</u> | # UNDER 1 YEAR<br>Months <u>5</u> Days <u>18</u> | # UNDER 24 HRS.<br>Hours <u>5</u> Mins. <u>12</u> |
|----------------------|-------------------------------|--|--|---|--|---|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Arkansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
|--|-----------------------------------|---|---|

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|--|--|--|
| 13a. FATHER'S NAME <u>James Turner</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>Arled Blaine Dugget</u> |
|--|--|--|

|  |                                  |   |                          |
|--|----------------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>A. B. Dugget</u> | ADDRESS <u>Adrian Mo</u> |
|--|----------------------------------|---|--------------------------|

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><br><u>1 year</u><br><u>2 yrs.</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Toxicity from Intestinal Obstruction</u>  |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>lesion of stomach &amp; surrounding organs</u><br>DUE TO (c) <u>myocardial</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Intestinal Obstruction</u>  |   |  |  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>1511</u> | 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 Oct. 20, 1952, to Oct. 31<sup>st</sup>, 1952, that I last saw the deceased alive on Oct. 30<sup>th</sup>, 1952, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

|   |   |   |
|---|---|---|
| 23a. SIGNATURE <u>James J. Gritten 2<sup>nd</sup></u> | 23b. ADDRESS <u>P.O. 3119 Troost St. J.C. Mo.</u> | 23c. DATE SIGNED <u>Oct. 31<sup>st</sup> 52</u> |
|---|---|---|

|  |                            |   |   |
|--|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>110-31-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u> |
|--|----------------------------|---|---|

|   |  |  |                          |
|---|--|--|--------------------------|
| DATE REC'D BY LOCAL REG. <u>11-3-52</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Greath &amp; Suf</u> | ADDRESS <u>Adrian Mo</u> |
|---|--|--|--------------------------|

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

**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 \_\_\_\_\_ *LeDix*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian 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.