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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1953

State File No. 22084

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. State Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall 0772 /
d. STREET ADDRESS (If rural, give location): 543 Eastwood

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Thomas
c. (Last): Duggins

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: Oct. 28, 1883

9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster, Marshall,

10b. KIND OF BUSINESS OR INDUSTRY: Mo.

11. BIRTHPLACE (State or foreign country): Marshall, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dean Dryden Duggins

13b. MOTHER'S MAIDEN NAME: Georgia Hereford

14. NAME OF HUSBAND OR WIFE: Mary McCoy Duggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Sanatorium records, Mt. Vernon, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ~~Pulmonary tuberculosis~~ Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Bilateral pulmonary fibrosis + pulmonary emphysema, ~~bilateral~~
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Cancelled

19b. MAJOR FINDINGS OF OPERATION: See attached affidavit. OOZX

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, *19* 53, *to* June 8, *19* 53, *that I last saw the deceased alive on* June 8, *19* 53, *and that death occurred at* 11:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Mt. Vernon, Mo.

23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6-9-53

24c. NAME OF CEMETERY OR CREMATORY: Campbell

24d. LOCATION (City, town, or county) (State): Marshall Mo

DATE REC'D BY LOCAL REG.: 6-9-53

REGISTRAR'S SIGNATURE: Cecil Hendricks

25. FUNERAL DIRECTOR'S SIGNATURE: Leo B Orr — ADDRESS: Mt Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1954

JAN 4 1962

JUL 1 1953

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 Geo B Orr

Signed.....
Student Embalmer

Licensed Embalmer No. 946

P. O. Address Mt Vernon

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

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

State of Missouri
County of Lawrence } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 22084
Local Registrar's No. 47

On this 8th day of September, 1953 before me appears C. A. Brasher, M.D. Supt., Mo. State Sanatorium, who, upon his oath, states that the original record of death for George Thomas Duggins died June 8, 1953, in the State of Missouri, and which was filed at Mt. Vernon on June 9, 1953, should be corrected as follows:

Item No. ____ should read Cause of Death should be:

Instead of I. (a) Arteriosclerotic heart disease
(b) Generalized arteriosclerosis

Item No. ____ should read

Instead of II. Bilateral pulmonary fibrosis and emphysema

Item No. ____ should read

Instead of instead of

Item No. ____ should read I. (a) Pulmonary tuberculosis

Instead of II. Pulmonary emphysema, bilateral

Item No. ____ should read

Instead of

Item No. ____ should read

Instead of (Changes due to findings of pathologist following post mortem examination)

Item No. ____ should read

Instead of

Item No. ____ should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant C A Brasher M.D. Sup't.,
Relationship.

Mo. State San., Mt. Vernon, Missouri
Present Address.

Subscribed and sworn to before me this 8th day of September, 1953

MY COMMISSION EXPIRES APRIL 25, 1954
My Commission expires

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M—4-43
X36667

1953

S-22084