

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5349 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Jasper</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jasper</u>	d. STREET ADDRESS (If rural, give location) <u>Windyville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windyville</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mattie</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Dugan</u>	(Month) <u>Aug.</u>	(Day) <u>3</u>	(Year) <u>1953</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Jan. 30-1885</u>	9. AGE (In years last birthday) <u>67 1/2</u>	
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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 <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Longlone Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>T.S. Jenkins</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Evans</u>	14. NAME OF HUSBAND OR WIFE <u>W.P. Dugan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>-</u> ADDRESS <u>-</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Throat</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pancrease</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 <u>157X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 12, 1953, to Aug 3, 1953, that I last saw the deceased alive on July 26, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Bailey 2 Do</u> (Degree or title)	23b. ADDRESS <u>W. Evans Mo</u>	23c. DATE SIGNED <u>Aug 3</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-4-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug 6-53</u>	REGISTRAR'S SIGNATURE <u>Ernest Peterson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayde Montgomery</u> ADDRESS <u>Buffalo, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Blyde Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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.