

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7878

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 4545		Registrar's No. 13	
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 OR TOWN MARSHFIELD		c. LENGTH OF STAY (in this place) 4 YRS		c. CITY OR TOWN MARSHFIELD		d. Is Residence within limits of "city or incorporated town?" Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 1120			
3. NAME OF DECEASED (Type or Print) a. (First) VERDIE			b. (Middle) DUGAN			c. (Last) DUGAN	
4. DATE OF DEATH (Month) (Day) (Year) FEB 29 1956							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG 11 1870	
9. AGE (In years last birthday) 85		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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME HUSTON MCNABB			13b. MOTHER'S MAIDEN NAME MARY JANE HONG			14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLIE DUGAN MARSHFIELD			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) EXHAUSTION + DEBILITATION  ANTECEDENT CAUSES DUE TO (b) CEREBRAL THROMBOSIS DUE TO (c) ARTERIOSCLEROSIS.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) 332x			
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 2-1, 1956, to 2-29, 1956, that I last saw the deceased alive on 2-29, 1956, and that death occurred at 3:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) _____			23b. ADDRESS _____			23c. DATE SIGNED 3/1/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-17-1956		24c. NAME OF CEMETERY OR CREMATORY MISSION HOME WEBSTER CO MO		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. 3/7/56		REGISTRAR'S SIGNATURE _____ 393		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RW BARBER MARSHFIELD			

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 38

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.