

FILED OCT 28 1957

THE UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. 36349

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 478

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R.F.D. # 4 Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Wynonia	b. (Middle)	c. (Last) Dugan	4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 7, 1887	9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Mitchell Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William T. Hart	13b. MOTHER'S MAIDEN NAME Mary Ellen Love	14. NAME OF HUSBAND OR WIFE Joseph M. Dugan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jesse L. Hart, Gasconade Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Vascular Heart dis. - mitral</i>		3+ yrs
	ANTECEDENT CAUSES <i>Regurgitation & Auricular Fibrillation</i> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Probably Rheumatic Fever</i> DUE TO (c)		3+ yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic Coronary dis.</i>		1+ yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 410X	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 11/2, 1957, to 10/6, 1957, that I last saw the deceased alive on 10/6, 1957, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE A. K. Wheman MD (Degree or title)	23b. ADDRESS 717 Fresno Bldg. Joplin Mo	23c. DATE SIGNED 10/11/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-8-1957	24c. NAME OF CEMETERY OR CREMATORY Harnet	24d. LOCATION (City, town, or county) (State) Newton County Missouri
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DATE REC'D BY LOCAL REG. 10-18-57	REGISTRAR'S SIGNATURE Dove Merriam	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Corby Thompson Sr. Neosho Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 25 1957

Jasper County Health Office

County File Number 859

Date Filed OCT 25 1957

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 Lesley Thompson Sr.
Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

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.