

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001801
STATE FILE NUMBER

Health, Welfare
Public
Service

FILED JAN 14 1959 Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 5

300
-57

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crystal City.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Herculanenum
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR DUGAN MOTOR CO. INSTITUTION		Length of stay in 1b	d. STREET ADDRESS Main Street
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Wesley Last Dugan			4. DATE OF DEATH Month Jan Day 7 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 12, 1880		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Auto Sales	11. BIRTHPLACE (City and state or country) Fletcher, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Dugan		13b. MOTHER'S MAIDEN NAME Epsy Maness		14. NAME OF HUSBAND OR WIFE Kathryn Dugan Flieg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-38-2299	17. INFORMANT Address Edward J. Dugan, 105 Jefferson, Crystal City		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary arteriosclerotic heart disease		5 yrs
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM 4 CORRECTED BY AFFIDAVIT OF Funeral Director 1-19-59	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Herculanenum, Mo	COUNTY	STATE
21. I attended the deceased from 6/8/50 to 1/7/59 and last saw him alive on 1/7/59 Death occurred at 4:00 PM 1/7/59 m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) M.D.		22b. ADDRESS Herculanenum, Mo		22c. DATE SIGNED 1/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Herculanenum Cemetery	23d. LOCATION (City, town, or county) Herculanenum, Mo. (State)
24. FUNERAL DIRECTOR Vinyard Fun'l Homes, Inc., Festus, Mo.		25. DATE RECD. BY LOCAL REG. 1-10-59	26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 20 1959

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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 Signature of Student Embalmer

Signed *Donald W. Vinyard*

Licensed Embalmer No. *466*

P. O. Address *Alatun, Pa.*

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. JAN 20 1959

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