

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25298

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Doplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST John's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Angie Bugg

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Morton Bugg 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 9 - 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Vermillion Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Stout

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Emma Petty

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

18. (a) Informant Omer B Bugg

(b) Address 15347 Rockdale St. Detroit Mich

17. (a) Removal (b) Date thereof 8-8-41
(Month) (Day) (Year)

(c) Place: burial or cremation Salem Spg. Ark

18. (a) Signature of funeral director Peque and co.

(b) Address Wheaton, Mo.

19. (a) 8-7-41 (b) Ed James
(Date received final registration) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 073
(c) City or town STARK CITY 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1941 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug-3
_____ 1941 to Aug 6 1941
that I last saw her alive on Aug 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobular Pneumonia 10k

Due to Relativity 4 2

Due to 100 1

Other conditions Complete Paralysis 3 yrs.
(Include pregnancy within 3 months of death) Left side

Major findings: Of operations None

Of autopsy None

Duration
Physician
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed James (M. D. or other) MD

Address Joplin, Mo. Date signed 8-7-41

AUG 15 1944

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.