

FILED DEC 8 1945

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36866

Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 39
 (b) Township Pleasant Hill Primary Registration District No. 1099
 (c) City Pleasant Hill (d) Street No. 800 Forest St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 800 Forest St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF James M. Lugo
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1887

7. AGE YEARS 78 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Sept. 25, 1945 11. Total time (years) spent in this occupation 110

12. BIRTHPLACE (CITY OR TOWN) Byron, Mo. (STATE OR COUNTRY)13. NAME James D. Cox.14. BIRTHPLACE (CITY OR TOWN) Byron, Mo. (STATE OR COUNTRY)15. MAIDEN NAME Priscilla Hollahan16. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)17. INFORMANT Ira Cooper (ADDRESS) Pleasant Hill, Mo.18. BURIAL, CREMATION, OR REMOVAL Buried PLACE Pleasant Hill DATE 11-2-4519. FUNERAL DIRECTOR (NAME) Ellen Brownfield (ADDRESS) Pleasant Hill, Mo.20. FILED 11-28-45 Laura J. Jones Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-18, 194522. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1945 to Nov 18, 1945I last saw him alive on Nov 15, 1945. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hemiplegia 3 mo.
Senile Arteriosclerosis

Other contributory causes of importance:

Name of operation Supplementary of information
 What test confirmed diagnosis? Supplementary Was there an autopsy? Yes

23. If death was due to external causes (accident), fill in also the following:
 Accident, suicide, or homicide? None Date of injury, 1945Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify J. L. Hancock (Signed) Pleasant Hill, Mo. (Address)

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.....

By me 11-18-45....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen W. Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *Dec*Registration District No. *59*Primary Registration District No. *4099*Registrar's No. *43*

1. PLACE OF DEATH:

- (a) County *Cass*
(b) City or town *Pleasant Hill*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAME*Lucenda Ellen aged*

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex
- M*

5. Color or
race *W*

6. (a) Single, widowed, married,
-
- divorced
- wid*

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
-
- alive
- Jan 19*

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

78

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Jan*
-
- year
- 1945*
- hour
- 8*
- minute
- 15*
- M.

21. I hereby certify that I attended the deceased from
-
- to to, 19;
-
- that I last saw him alive on, 19;
-
- and that death occurred on the date and hour stated above.
-
- Immediate cause of death

Duration

Due to

Due to *Cerebral Hemorrhage*Other conditions *degenerative*
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy *(30)*

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

- (a) Accident, suicide, or homicide (specify)
(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)
(c) Means of injury

23. Signature
- J. L. Hancock*
- (M. D. or other)
- DO*
-
- Address
- Pleasant Hill*
- Date signed
- 12-20-45*

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

36866

Wm J. & Harriet
P. H. M. E. I.