7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8537

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 78

46
3

1. PLACE OF DEATH:
(a) County Howell County
(b) City or town "Rural" Howell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near Brandsville, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town "Rural" Howell Twp. 3
(If outside city or town limits, write "RURAL")
(d) Street No. Near Brandsville, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leo Leslie Pugsley
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced child 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 22, (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
5	1	23	hr. min.

9. Birthplace Rodman, (City, town, or county) Iowa. 1 (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Claud Leslie Pugsley
13. Birthplace Cylinder, (City, town, or county) Iowa 1 (State or foreign country)
MOTHER 14. Maiden name Sophronia Coleman
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant C. L. Pugsley
(b) Address Brandsville, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Emmettsburg, Iowa
18. (a) Signature of funeral director Hal Thornburgh
(b) Address West Plains, Mo.
19. (a) Feb 26-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16, year 1948 hour 5: minute 45 p.m.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Asphyxia
Due to Closure of the air passages by the impaction of a toy rubber xxxx balloon being sucked into the larynx or pharynx.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 195E
Of autopsy 19

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) accident 46
(b) Date of occurrence Feb. 16, 1948
(c) Where did injury occur? Howell Co., Howell Twp. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home 3
(Specify type of place)
While at work? no (e) Means of injury balloon
23. Signature Mayne C. Thornburgh Coroner (M.D., Coroner)
Address West Plains, Mo. Date signed 2/17/1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District ... Officer No. 5,
District ... 348193
Date Filed 3-20-48

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 Harold Edward Woodrel, Registered Apprentice No. 216, working under my personal supervision.

Signed Hal Thoroughman

Licensed Embalmer No. 3408

P. O. Address West Plains, Mo.

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.