

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41511

State File No.

FILED JAN 16 1950

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

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4219 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u> <u>72</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Bugg</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 17, 1863</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton, Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Meyers</u>	
14. NAME OF HUSBAND OR WIFE <u>Johnathen S. Bugg</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>St. Andrews Charlotte Schlyer 3695 Bellview Mo.</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with chronic myocarditis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of coronary arteries.</u> DUE TO (c) <u>Generalized arteriosclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thromboses with left hemiplegia.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	
22. I hereby certify that I attended the deceased from <u>12-7-</u> , 1949, to <u>Dec 29, 1949</u> , that I last saw the deceased alive on <u>Dec 29, 1949</u> , and that death occurred at <u>1:00 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Thomas A. Donnell M.D.</u>			23b. ADDRESS <u>16 Boyd St. De Soto, Mo.</u>		23c. DATE SIGNED <u>12-31-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Funeral Home</u>		ADDRESS <u>De Soto Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN 4 '50</u>		REGISTRAR'S SIGNATURE <u>Garthland Marsden</u>		141	

FEB 21 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-11-50

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 _____

Percy F. Milster

Student Embalmer No. 346

working under my personal supervision.

Student *Percy F. Milster*
Student Embalmer

Signed *Donnell B. Dittich*

Licensed Embalmer No. 4104

P. O. Address Dept. 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.