

No. 300  
10.48

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 64

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

BIRTH NO. 71766-50 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 18

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b> |  | c. LENGTH OF STAY (in this place) <b>74 days</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D.#1</b>                                    |  | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>  |  |
|  |  | d. STREET ADDRESS (If rural, give location) <b>R.F.D.#1</b>   |  |

|                                     |                          |                       |                                       |  |  |
|-------------------------------------|--------------------------|-----------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) |                          |                       | 4. DATE OF DEATH (Month) (Day) (Year) |  |  |
| a. (First) <b>WILLIAM</b>           | b. (Middle) <b>WAYNE</b> | c. (Last) <b>PUGH</b> | <b>Feb. 1, 1951</b>                   |  |  |

|                    |                               |   |                                       |   |  |
|--------------------|-------------------------------|---|---------------------------------------|---|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b> | 8. DATE OF BIRTH <b>Nov. 18, 1950</b> | 9. AGE (In years) (Months) (Days) (Hours) (Min.)<br>last birthday <b>2 12 0</b> |  |
|--------------------|-------------------------------|---|---------------------------------------|---|--|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b> | 11. BIRTHPLACE (State or foreign country) <b>Mexico, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|---|--|--|

|                                      |   |                             |
|--------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME <b>James Pugh</b> | 13b. MOTHER'S MAIDEN NAME <b>Helen Barker</b> | 14. NAME OF HUSBAND OR WIFE |
|--------------------------------------|---|-----------------------------|

|   |  |  |         |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>James Pugh, Mexico, Mo.</b> | ADDRESS |
|---|--|--|---------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition</b>          |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) (Min.) | 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 **1-18**, 19**50**, to **2-1**, 19**51**, that I last saw the deceased alive on **1-31-51**, 19**51**, and that death occurred at **3:20 a.m.**, from the causes and on the date stated above.

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 23a. SIGNATURE <b>H. L. ...</b> (Degree or title) <b>Co. 02</b> | 23b. ADDRESS <b>Mexico, Mo.</b> | 23c. DATE SIGNED <b>2-2-51</b> |
|---|---------------------------------|--------------------------------|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Feb. 2, 51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b> | 24d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b> |
|---|-----------------------------|---|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <b>Feb 2-1951</b> | REGISTRAR'S SIGNATURE <b>Blanche Neely</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul S. ...</b> ADDRESS <b>Mexico, Mo.</b> |
|--|--|--|

Date Received: FEB 5 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-275  
Date Filed: FEB 6 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Earl E. Pruehl

Signed.....  
Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.