

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 28

411
4

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jameson, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>30 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>BETT</u> c. (Last) <u>PUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15, 1952</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>Oct 9, 1867</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
----------------------	--	-------------------------------	--	---	--	-------------------------------------	--	---	--	--------------------------------	--	--------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Jameson, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
--	--	--	-----------------------------------	--	--	---	--	--	--	--	--

13a. FATHER'S NAME <u>James R. Grant</u>			13b. MOTHER'S MAIDEN NAME <u>Maudie Overland</u>			14. NAME OF HUSBAND OR WIFE <u>David Pugh</u>		
--	--	--	--	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Grant, Paducah, Mo.</u>		ADDRESS	
---	--	-------------------------------------	--	--	--	---------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast with metastasis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
---	--	---	--	--	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						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) (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 July 1, 1950, to Feb 13, 1952, that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Merrilee Garhart, M.D.</u>		23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>Feb 18, 1952</u>	
--	--	----------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Civil Bond Christian Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Paducah, Mo.</u>	
---	--	-------------------------------	--	---	--	---	--

DATE RECD BY LOCAL REG. <u>2/20/52</u>		REGISTRAR'S SIGNATURE <u>Zola Burres 116</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanis Quest, Paducah, Mo.</u>		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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Louis Quest _____

Licensed Embalmer No. 4096 _____

P. O. Address Patterson, 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.