

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38878
State File No. 4831

FILED NOV 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>45 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3598</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6405 E. 37th Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) _____		c. (Last) <u>Pugh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 2 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 3, 1876</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Small Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homes</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Alexandria Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Pugh</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN ASHENFOLLOW</u>		14. NAME OF HUSBAND OR WIFE <u>Barbara Pugh</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BARBARA PUGH</u> ADDRESS <u>6405 EAST 37th ST KANSAS CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u>				DUE TO (b) <u>Hemiplegia</u>				<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Hypertension & Nephritis</u>				<u>6 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>593X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>Oct 25</u> , 19 <u>52</u> , to <u>Nov 2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 2</u> , 19 <u>52</u> , and that death occurred at <u>5:30 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Carl T. Moore</u> (Degree or title) <u>Mo. DO</u>				23b. ADDRESS <u>6425 E. 37th St. K.C. 9 Mo</u>		23c. DATE SIGNED <u>Nov. 3, 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BROOKINGS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>11-4-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Newcomer</u> ADDRESS <u>1337 1/2 South Cremona Kansas City, Mo.</u>				

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

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 _____

Chester K Brown

Student Embalmer No. *476*

working under my personal supervision.

Student

Chester K Brown

Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No.

4452

P. O. Address

K. C. 4 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.