

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1105

State File No.

FILED FEB 1 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 93

0396

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

0396

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>10 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1834 East Walnut</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LLOYD</u>		b. (Middle) <u>S.</u>	c. (Last) <u>PUGH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 24 1953</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>March 12, 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Printer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Printing Co</u>	11. BIRTHPLACE (State or foreign country) <u>Cleveland, N Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sidney Pugh</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Pugh</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Hawkins Pugh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>WW I 454-14-1360</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nellie J Pugh, Springfield, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cortic Steroids & Insufficiency</u>				<u>Unknown</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid 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. <u>4211</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)	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>Jan 24, 1953</u> , to <u>Jan 24, 1953</u> , that I last saw the deceased alive on <u>Jan 24, 1953</u> , and that death occurred at <u>10:20 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree of title) <u>James H. ...</u>		23b. ADDRESS <u>Holland ...</u>		23c. DATE SIGNED <u>26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkins Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Brumley, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>26-53</u>	REGISTRAR'S SIGNATURE <u>Earl Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier</u>	ADDRESS <u>Springfield, Mo</u>		

For Ho
7/12/11

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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 *Gene B. Hunter*

Licensed Embalmer No. *4739*

P. O. Address *Springfield, 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.