

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14668**

FILED APR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **21**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY OR TOWN <b>Rural</b> (If outside corporate limits, give RURAL and township)		c. LENGTH OF STAY (in this place) <b>1 min.</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hwy #150, 1-1/2 mi. E. of #71 Hwy.</b>		e. STREET ADDRESS (If rural, give location) <b>5609 Kenwood</b>		<b>3828</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>EVERETT</b> c. (Last) <b>PUGH</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 16, 1953</b>		
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 26, 1893</b>	<b>9. AGE</b> (In years last birthday) <b>60</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS.: Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Lawyer, Trusty Pugh &amp; Green</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>Edward E. Pugh</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minnie B. Stevens</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lois Pugh</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		<b>16. SOCIAL SECURITY NO.</b> <b>W.W. # I</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Lois Pugh, 5609 Kenwood, KC Mo.</b>		<b>ADDRESS</b>
<b>18. CAUSE OF DEATH.</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock + Hemorrhage</b>		ANTECEDENT CAUSES <b>injury from Contusion of chest and abdomen and multiple fractures</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.		<b>multiple fractures</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>700 E 82.34 31</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Jackson MO</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>4-16-53 12 P.</b>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>car struck by</b>		
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>Dr. C. Beatty, M.D., Deputy Commr.</b>			<b>23b. ADDRESS</b> <b>4050 Riverside Blvd</b>		<b>23c. DATE SIGNED</b> <b>4-17-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Cremation</b>		<b>24b. DATE</b> <b>4/18/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Elmwood Crematory</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>4/18/53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Dr. Annie E. Hedges</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>STINE &amp; McCLURE, Kansas City, Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

MAY 6 1950

MAY 8

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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.....  
Signature of Student Embalmer

Signed *Eugene L. Kessner*.....  
Licensed Embalmer No. *462*  
P. O. Address *Hammer, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.