

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7854**  
Registrar's No. **179**

FILED MAR 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY OR TOWN <b>Poplar Bluff</b>	c. LENGTH OF STAY (in this place) <b>1 Hr</b>	c. CITY OR TOWN <b>Poplar Bluff</b>	d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route 3</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leland</b> b. (Middle) <b>Farrar</b> c. (Last) <b>Bugg</b>			4. DATE OF DEATH <b>2-26-54</b> (Month) (Day) (Year)			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 28, 1888</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Warrenton, N.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>William Bugg</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Gladys Bugg</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gladys Bugg, Poplar Bluff, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cornary Thrombosis</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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)	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 **2-26, 1954**, to **2-26, 1954**, that I last saw the deceased alive on **2-26, 1954**, and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. M. Academy MD</b>	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>3-3-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-3-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Garden</b>
24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Greer Croy &amp; Fitch Poplar Bluff Mo.</b>	
DATE REC'D. BY LOCAL REG. <b>3/10/54</b>	REGISTRAR'S SIGNATURE <b>A. H. Mueller</b>	

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

RECEIVED

MAR 15 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

APR 19 1954

APR 21

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 *Joseph R. Matlock*  
Licensed Embalmer No. 482

P. O. Address *Poplar Bl*

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.