

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR Rural Mt. Pleasant	
c. LENGTH OF STAY (In this place) 0		d. STREET ADDRESS (If rural, give location) 2 miles south of Belton	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) on 71 Highway			

3. NAME OF DECEASED (Type or Print) Lionel Cicero PUGH	4. DATE OF DEATH (Month) (Day) (Year) 3 14 54						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 10-19-09	9. AGE (In years last birthday) Months Days 44	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Laborer	11. BIRTHPLACE (City and State or Foreign Country) Grandview, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Building Ind.	11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Thomas E. Pugh	13b. MOTHER'S MAIDEN NAME Gertrude Bell	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW # 2	16. SOCIAL SECURITY NO. 522 03 1095	17. INFORMANT'S SIGNATURE OR NAME Thelma Lackland	ADDRESS 9718 E 34th K.C. Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fractured Ribs Ruptured diaphragm Ruptured Liver		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Jackson MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-14-54 7:00 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car turned over

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.

23a. SIGNATURE (Degree or title) Arch H. Owens Corcoran	23b. ADDRESS 31234 Pinth Bldg	23c. DATE SIGNED 3-14-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-16-54	24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery
24d. LOCATION (City, town, or county) (State) Belton Missouri		

DATE REC'D BY LOCAL REG. 3-14-54	REGISTRAR'S SIGNATURE Herb G. Goddard	498 0	25. FUNERAL DIRECTOR'S SIGNATURE Ed Berger	ADDRESS Belton Mo.
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No. 300 10-48 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 24 1934

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 Stirling E. Goodard

Licensed Embalmer No. 4911

P. O. Address Grandview 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.