

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26214**
Registrar's No. **62**

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004**

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Nashville Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Memorial Hospital		d. STREET ADDRESS (If rural, give location) 8 miles Northwest Jasper	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) James c. (Last) Pugh		4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 26, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	9. AGE (In years last birthday) 43
11. BIRTHPLACE (City and State or Foreign Country) Barton County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Fred Pugh		13b. MOTHER'S MAIDEN NAME Leora Budd	14. NAME OF HUSBAND OR WIFE Mrs. Nina Cook Pugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fred Pugh, Jasper, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9190 19	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nashville Twp. Mo.
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 _____, 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) Charles W. Chiles, M.D.		23b. ADDRESS Lamar	23c. DATE SIGNED Aug 27, 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 28, 1954	24c. NAME OF CEMETERY OR CREMATORY Waters Cemetery	24d. LOCATION (City, town, or county) (State) Barton County, Mo.
DATE REC'D BY LOCAL REG. AUG 31 1954	REGISTRAR'S SIGNATURE Marie R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Selby, Jasper, Mo.	

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

0061

0060

8

SEP 10 19

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 *Rawson S. Sharp*

Licensed Embalmer No. *4922*

P. O. Address *Jasper, 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.