

DPR
FILED MAR 28 1956

STANDARD CERTIFICATE OF DEATH

State File No. 9780

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5742 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY OR TOWN RUFAL, (MARQUAND, MO)		c. CITY OR TOWN MARQUAND	
c. LENGTH OF STAY (in this place) (MARQUAND, MO)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 0620	

3. NAME OF DECEASED (Type or Print) CHARLES BENTON PUGH			4. DATE OF DEATH (Month) (Day) (Year) 3-23-56		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 8-15-1890		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) MARQUAND - MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HENRY PUGH		13b. MOTHER'S MAIDEN NAME LOVEY SHETLEY		14. NAME OF HUSBAND OR WIFE —	
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 Miss Florence Pugh - Marquand, Mo		

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) Ventricular fibrillation		DUPLICATE			5 min
ANTECEDENT CAUSES		DUE TO (b) Sinus arrhythmia			4 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

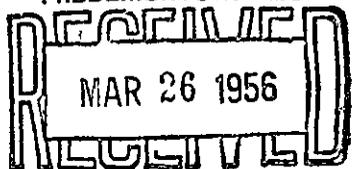
22. I hereby certify that I attended the deceased from **May 24, 1952**, to **Mar 23, 1956**, that I last saw the deceased alive on **3-21**, 1956, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. W. DeLeyne MD		23b. ADDRESS Fredericktown, Mo		23c. DATE SIGNED 3/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-56		24c. NAME OF CEMETERY OR CREMATORY Dudley Com	
24d. LOCATION (City, town, or county) (State) MADISON CO - MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed. Homer Marquand, Mo			
DATE REC'D BY LOCAL REG. 3-24-1956		REGISTRAR'S SIGNATURE Florence Hicks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed. Homer Marquand, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 356-12

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 Raymond Wilson

Licensed Embalmer No. 4889

P. O. Address Fredericktown

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.