

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17295

STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2003

Health, Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>INDEPENDENCE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>VETERANS ADM. HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>213 W. SOUTHSIDE BLVD</b>	
3. NAME OF DECEASED (Type or print) First <b>PERRY</b> Middle <b>W.</b> Last <b>PUGH</b>		4. DATE OF DEATH Month <b>April</b> Day <b>25</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 4, 1892</b>
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FOR SELF</b>	11. BIRTHPLACE (City and state or country) <b>Nebraska City, Nebraska</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>John Pugh</b>	
14. MOTHER'S MAIDEN NAME <b>Emma Wilkinson</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b> <b>WWI</b>	
16. SOCIAL SECURITY NO. <b>488-38-5243</b>		17. INFORMANT <b>Official Records, VA Hospital, Kansas City</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Arteriosclerosis of the coronaries</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Anasarca</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>
19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour <b>6:15</b> Month <b>AM</b> Day <b>Year</b>	
20d. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>April 20, 1957</b> to <b>April 25, 1957</b> Death occurred at <b>6:15 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <b>GUIDO PODRECCA, M.D. Guido Podrecca</b>		22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	
22c. DATE SIGNED <b>4/25/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	
23b. DATE: <b>APR-27-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>DW. NEWCOMER'S SONS</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>		(State)	
24. FUNERAL DIRECTOR <b>DW. NEWCOMER'S SONS</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	
25. DATE RECD. BY LOCAL REG. <b>4-27-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)



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 Paul R. Williamson

Licensed Embalmer No. 500

P. O. Address Overland Park

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.