

FILED AUG 5 1957

STANDARD CERTIFICATE OF DEATH

State File No. 25278

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

BIRTH NO.		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 4293		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) Elsberry		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Elsberry		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION LaDell Rest Home				e. STREET ADDRESS (If rural, give location) North Fifth St. 0570			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle)		c. (Last) Pougher		4. DATE OF DEATH (Month) (Day) (Year) July 12, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH April 18, 1873 84	
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 24		IF UNDER 24 HRS. Days 24		Hours 24 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.A.	
13a. FATHER'S NAME John P. Pougher		13b. MOTHER'S MAIDEN NAME Sarah Ann Cotes		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 4990-4469A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		334X		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 10-2, 1956 , to 6-28, 1957 that I last saw the deceased alive on 6-28, 1957 , and that death occurred at 1:30P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W.H. Callaway D.O.				23b. ADDRESS Elsberry Mo		23c. DATE SIGNED 7-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 12, 1957		24c. NAME OF CEMETERY OR CREMATORY Valle Springs Cem.		24d. LOCATION (City, town, or county) (State) St. Genevieve St. G. Mo.	
DATE REC'D BY LOCAL REG. 8/2/57		REGISTRAR'S SIGNATURE Mrs. Clarence Kinty		25. FUNERAL DIRECTOR'S SIGNATURE Lipton Mills - Elsberry, Mo		ADDRESS	

(Licensed Embalmer) Statement on Reverse Side

DATE 7 1957

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 July 12 - 1957, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifton Miller.....
Licensed Embalmer No. 33.....

P. O. Address Elkhart.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.