

FILED JAN 23 1958		THE DIVISION OF HEALTH OF MISSOURI		365	
XC-1171 99 83		STANDARD CERTIFICATE OF DEATH		STATE FILE NUMBER	
REG. NO. 14401		Registration District No. 43		Primary Registration District No. 3007	
				Registrar's No. 132	
1. PLACE OF DEATH a. COUNTY BUTLER 43			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN POPLAR BLUFF 0120		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in 1b 4 Years	d. STREET ADDRESS (If outside, give location) 2119 WOOD STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MITCHEM PALMER BUGG			4. DATE OF DEATH Month Day Year JANUARY 11, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-1-91	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY U.S. POSTOFFICE	11. BIRTHPLACE (City and state or country) PATTERSON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME DEE C. BUGG		13b. MOTHER'S MAIDEN NAME CHARITY BENNETT		14. NAME OF HUSBAND OR WIFE MARIE BUGG	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRRHOSIS OF THE LIVER WITH HEPATIC DECOMPENSATION.					INTERVAL BETWEEN ONSET AND DEATH 3 YEARS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.					
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. Attended the deceased from May 31, 1957 to Jan. 11, 1958 Death occurred at 8:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. D. TURNER, M. D., Chief, Med. Svc. Aetg.			22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 1-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-15-58	23c. NAME OF CEMETERY OR CREMATORY Patterson Cem.		23d. LOCATION (City, town, or county) (State) Patterson, Mo.	
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 3/18/58	26. REGISTRAR'S SIGNATURE <i>R. D. Turner</i>		

RECEIVED

JAN 20 1958

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BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 23 1958

MAR 19 1958

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 Charles E. Mungler

Licensed Embalmer No. 487

P. O. Address 3700 W. 10th St. Erie Pa.

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.