

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008749

STATE FILE NUMBER

FILED MAR 25 1958

16

4030

Registration District No.

Primary Registration District No.

Registrar's No. 4

300
-57
0060

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 OR TOWN Golden City		c. CITY OR TOWN Golden City ⁰⁰⁶⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED (Type or print) First Middle Last PEARL MCCORT HOUGH		4. DATE OF DEATH Month Day Year March 20, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 3, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Scio, Ohio
13a. FATHER'S NAME Jacob Crim		13b. MOTHER'S MAIDEN NAME Dora McCort	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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. ----	14. NAME OF HUSBAND OR WIFE Address Claude C. Hough Clifford Hough, Centralia, 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) Ventricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH minutes or less
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute myocardial infarction			15-30 minutes
DUE TO (c) 4201			
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 Aug 31, 1954 to March 19, 1958 and last saw her alive on March 19, 1958 Death occurred at 8:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond A. Carlson MD		22b. ADDRESS 403 Main St Golden City Mo	22c. DATE SIGNED 3-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	23d. LOCATION (City, town, or county) (State) Lamar, Mo.
24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home, Golden City, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 22-1958	26. REGISTRAR'S SIGNATURE Hazel J. Pugh

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *H. Lowell Bugh*

Licensed Embalmer No. *4951*
P. O. Address *Golden City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.