

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028108
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY ANDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEXICO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FULTON 0140 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 219 E. BOLIVAR		Length of stay in lb 4 wks	d. STREET ADDRESS (If outside, give location) RURAL
3. NAME OF DECEASED (Type or print) First Middle Last MINNIE Olive PUGH			4. DATE OF DEATH Month Day Year Aug. 9, 1958
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 1 1876
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) CALLAWAY Co MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CALVIN PUGH	
13b. MOTHER'S MAIDEN NAME Elizabeth GUERRANT		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)		16. SOCIAL SECURITY NO. —	17. INFORMANT W. L. Smart Fulton Mo Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 331 X			INTERVAL BETWEEN ONSET AND DEATH 10 minutes yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous stroke cerebral accident & old fractured hip			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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 7-15-58 to 8-9-58 and last saw her alive on 7-31-58 Death occurred at 9:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. L. Smart M.D.		22b. ADDRESS 119 E. Jackson, Mexico, Mo.	22c. DATE SIGNED 8-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Unity	23d. LOCATION (City, town, or county) (State) FULTON MO
24. FUNERAL DIRECTOR Glen J. Manpin ADDRESS Fulton, Mo		25. DATE RECD. BY LOCAL REG. Aug 10-1958	26. REGISTRAR'S SIGNATURE Blanche Geely

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Glen Y. Mangin*

Licensed Embalmer No. *2725*
P. O. Address *Fulton, 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.