Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029384
STATE FILE NUMBER

FILED AUG 29 1958

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rural Washington Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Coleman and Prospect Rds — Length of stay in Hospital 58 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Grandview 7000 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Coleman Rd & Prospect — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First James; Middle Conley; Last Pugh
4. DATE OF DEATH: Month 8; Day 19; Year 58
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-23-80
9. AGE (In years last birthday): 77 — 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Residential
11. BIRTHPLACE (City and state or country): Grayson Co. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Norman E. Pugh
13b. MOTHER'S MAIDEN NAME: Nancy A. Cox
14. NAME OF HUSBAND OR WIFE: Norah Pugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 486 36 5678
17. INFORMANT: Norah Pugh, Address: Grandview, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Essential hypertension
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Benign Prostatic Hypertrophy, severe
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 1955 to Aug 18, 1958 and last saw him alive on Aug 18, 1958
Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond J. Caffey MD (Degree or title) — 22b. ADDRESS Grandview, Mo. — 22c. DATE SIGNED 8-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE — 23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery — 23d. LOCATION (City, town, or county) (State) Belton, Missouri

24. FUNERAL DIRECTOR E.K.George & Sons Inc — ADDRESS Grandview Mo — 25. DATE RECD. BY LOCAL REG. 8/19/58 — 26. REGISTRAR'S SIGNATURE Sterling E. Goodard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Sterling E Bodard

Licensed Embalmer No. 4911

P. O. Address Grandview

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.