

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020723

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED **F**

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 98

LED JUN 27 1961

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NORTH KANSAS CITY, Mo.</u> Length of stay in lb <u>3 DAYS</u>		c. CITY OR TOWN <u>KANSAS CITY, NORTH</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NORTH KANSAS CITY MEM. HOSP.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>905 EAST 44TH</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>W.</u> Last <u>PUGH</u>			4. DATE OF DEATH Month <u>6</u> - Day <u>22</u> - Year <u>61</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-15-1889</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WAREHOUSEMAN</u>		11. BIRTHPLACE (City and state or country) <u>WILSON COUNTY KANS.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALEXANDER PUGH</u>		13b. MOTHER'S MAIDEN NAME <u>SUSANNAH KNOUFF</u>	

14. NAME OF HUSBAND OR WIFE <u>FRANCES PUGH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.</u>		17. INFORMANT <u>Mrs. FRANCES PUGH</u> Address <u>905 E. 44th No. K.C. 16, Mo.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory arrest.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2-3 weeks</u> <u>Dec. 1960</u>
DUE TO (b) <u>Metastatic Carcinoma, Brain</u>			
DUE TO (c) <u>Mixed tumor, left Parotid</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>		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. I attended the deceased from 6-15-61 to 6-22-61 and last saw him alive on 6-22-61
Death occurred at 6:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>4030 N Oak KC 16 Mo</u>		22c. DATE SIGNED <u>6-23-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-29-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL CEM</u>	23d. LOCATION (City, town, or county) (State) <u>GLADSTONE, Mo.</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons N.K.C., Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-23-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

JUN 29 1961

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 John V. Herrick Jr.
Licensed Embalmer No. 4848

P. O. Address K. C. 17, 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.