

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 883

Primary Registration District No. 3037

Registrar's No. 0015631

STATE FILE NUMBER 0015631

VS 300
Rev. 4/59

10550

20550

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4 1

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12 90-2

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mt. Vernon

Length of stay in 1b
59 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 321 W. Water

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lawrence

c. CITY OR TOWN Mt. Vernon

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
321 W. Water

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last

Martha Ellen Pugh

4. DATE OF DEATH

Month Day Year
4 13 1964

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/1/1864

9. AGE (last birthday)

99

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife & schoolteacher

10b. KIND OF BUSINESS OR INDUSTRY

Dade County, Mo.

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Cowan

13b. MOTHER'S MAIDEN NAME

Nancy Potter

14. NAME OF HUSBAND OR WIFE

Edward Pugh--dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

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16. SOCIAL SECURITY NO.

none

17. INFORMANT

Winnie Pugh, Mt. Vernon, 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)

Hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH

4hrs.

DUE TO (b)

Cardiac insufficiency

days

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

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

at time of death

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. G. Boush D.O.

22b. ADDRESS

Mt. Vernon, Mo.

22c. DATE SIGNED

4-14-64

23a. BURIAL CREMATION, REMOVAL (Specify)

burial

23b. DATE

4/15/64

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Mt. Vernon, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Max L. Fossett

Mt. Vernon, Mo.

25. DATE RECD. BY LOCAL REG.

4-16-64

26. REGISTRAR'S SIGNATURE

Roy Grantham RW

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

Max L. Fossett

Licensed Embalmer No.

4252

P. O. Address

McVernon, 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.

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