

FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19292

Registration District No. 712

Primary Registration District No. 5941

State File No.

Registrar's No. 14

1. PLACE OF DEATH:

- (a) County Pulaski
 (b) City or town "Rural" Liberty Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) g

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community 15 years
years, months or days)3. (a) PRINT FULL NAME James Sterling Pugh 201

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Nettie Grace Pugh 6. (c) Age of husband or wife if alive 77 years7. Birth date of deceased Sept. 20, 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 7 15 hr. min.9. Birthplace Callaway Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 { 12. Name Calvin Pugh
 { 13. Birthplace Callaway Co. Mo.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Susan Galwith
 { 15. Birthplace Callaway Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nettie Grace Pugh(b) Address Crocker, Mo.17. (a) Removal (b) Date thereof May 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fulton, Mo.18. (a) Signature of funeral director J. L. HOOPS & SONS.(b) Address Crocker, Mo.19. (a) May 5/1940 (b) Oswell A. Oliver.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski(c) City or town "Rural" Liberty Township
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 5th day May
year 1940 hour 9 minute 10 A.M.21. I hereby certify that I attended the deceased from May 4th, 1940 to May 5th, 1940
that I last saw him alive on May 5th, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Subarachnoid
ThrombosisDue to hemorrhagic in-
farct.

Due to _____

Other conditions unknown
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy ✓

Duration

2 days

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? ✓
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
640 unknownWhile at work? _____ (Specify type of place)
(e) Means of injury ✓23. Signature [Signature] (M. D. or other)
Address Crocker Date signed 5/6/40

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.....

....., Registered Apprentice No.....

work under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number. 640 615

Date Filed 6.10.40

Signed Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Crocker, Me.

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 this body is not embalmed, above space should be left blank.