

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41446

State File No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>236</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage</u>			c. LENGTH OF STAY (In this place) <u>6 mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>			119 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>923 S. Orner St.</u>				d. STREET ADDRESS (If rural, give location) <u>923 S. Orner St.</u>				3 K
3. NAME OF DECEASED (Type or Print) a. (First) <u>AVA</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>PUGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 26, 1949</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 10, 1884</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>16</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Sparta, Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James E. Peek</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Eldridge</u>		14. NAME OF HUSBAND OR WIFE <u>S. Otto Pugh</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jack Crusa, Sunflower, Kns.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emboli Cerebral</u>					<u>5 days</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Hemorrhage</u>					
			DUE TO (c) <u>with Total Rt paralysis</u>		<u>1 year</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					<u>5 years</u>		
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>33 IN</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Mar 25, 1947</u> , to <u>Dec 26, 1949</u> , that I last saw the deceased alive on <u>Dec 25, 1949</u> , and that death occurred at <u>7:10a m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>				23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>Dec 27 '49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carterville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 28, 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo.</u>				

Per n. Ferguson (Embalmer's Statement on Reverse Side)

RECEIVED 1-3-50
Jasper County Health Office

County File Number 49-12-992

Date Filed 1-11-50

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 _____
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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, fact should be so stated above.