

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36722

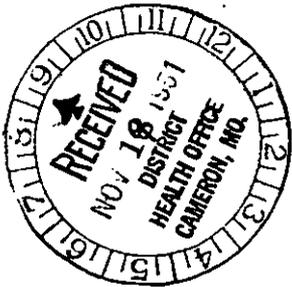
State File No. _____

No. 300
10.48

NOV 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5295</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Concord Twp</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Concord Twp</u>		d. STREET ADDRESS (If rural, give location) <u>P.F.D. 0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.F.D. Home</u>				3. NAME OF DECEASED a. (First) <u>Harriett</u> b. (Middle) <u>Ann</u> c. (Last) <u>Pugsley</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 10 1951</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>Dec 24 1856</u>		9. AGE (In years last birthday) <u>94</u>		10. MONTHS <u>10</u> DAYS <u>16</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter B. Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Sue Halsell</u>		14. NAME OF HUSBAND OR WIFE _____			
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 <u>MRS. Helen O'Reilly</u> ADDRESS <u>Plattsburg Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left femur</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9020</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>36 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home</u>		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Clinton Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Clinton Mo</u>		21d. HOW DID INJURY OCCUR? <u>Fell from bed</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 9 1951 5A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Nov 9, 1951</u> , to <u>Nov 10, 1951</u> , that I last saw the deceased alive on <u>Nov 10, 1951</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. B. ...</u> (Degree or title)		23b. ADDRESS <u>Plattsburg Mo</u>		23c. DATE SIGNED <u>Nov 11-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-12-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Protestant Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>Nov. 14, 1951</u>	
REGISTRAR'S SIGNATURE <u>Elizabeth Scarce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Lyon</u>		ADDRESS <u>Plattsburg Mo.</u>			

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



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 _____

Danell D. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, 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 this body is not embalmed, fact should be so stated above.