

ED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4075

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Joseph	c. LENGTH OF STAY (In this place) 1 Mo - 11 days	c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2		d. STREET ADDRESS (If rural, give location) 2412 Angeline	

3. NAME OF DECEASED (Type or Print) HENRY	a. (First)	b. (Middle)	c. (Last) Pugh H.	4. DATE OF DEATH 2 - 27 - 1952
--	------------	-------------	----------------------	-----------------------------------

5. SEX Male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-18-1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
----------------	---------------------------	---	-------------------------------	---------------------------------------	-----------------------------	---------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Barbering	11. BIRTHPLACE (State or foreign country) Richmond, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
-------------------------------	--------------------------------------	-------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alice McQuigh - 2412 Angeline St. St. Joseph	ADDRESS
--	---------------------------------	---	---------

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, asthma, 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>Glomerulonephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>		2 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 1-16-1952, to 2-27-1952, that I last saw the deceased alive on 2-27-1952, and that death occurred at 9:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE J. H. Morrow	(Degree or title) M.D.	23b. ADDRESS State Hospital No. 2 St. Joseph, Mo.	23c. DATE SIGNED 2-28-1952
--------------------------------	---------------------------	--	-------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-2-1952	24c. NAME OF CEMETERY OR CREMATORY Bethany	24d. LOCATION (City, town, or county) (State) Bethany, MO
---	-----------------------	---	--

DATE REC'D BY LOCAL REG. March 5, 1952	REGISTRAR'S SIGNATURE Carl E. Casey	25. FUNERAL DIRECTOR'S SIGNATURE Beatrice Gray	ADDRESS 812 Pacific St
---	--	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0117
2

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: *Bill J. Casey* _____

Licensed Embalmer No. *4679* _____

P. O. Address *St Joseph, 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.