

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13080**
1591

FILED APR 19 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 70 YEARS		26/8/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2810 EAST-40TH STREET		d. STREET ADDRESS (If rural, give location) 2810 EAST-40TH STREET	

3. NAME OF DECEASED (Type or Print) CHARLES YARBORGE OLIVER PUGH			4. DATE OF DEATH APRIL-4-1952		
a. (First)	b. (Middle)		c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY-7-1977	9. AGE (In years last birthday) 74	10. F BORN IN YEAR _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN	10b. KIND OF BUSINESS OR INDUSTRY FOX-MIDWEST	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME JOSEPH R. PUGH	13b. MOTHER'S MAIDEN NAME AMELIA RAINWATER	14. NAME OF HUSBAND OR WIFE MRS. LOUIE PUGH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. 487-05-9384	17. INFORMANT'S SIGNATURE OR NAME MRS. LOUIE PUGH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. 487-05-9384	17. INFORMANT'S SIGNATURE OR NAME MRS. LOUIE PUGH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. 487-05-9384	17. INFORMANT'S SIGNATURE OR NAME MRS. LOUIE PUGH

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 5-10 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis with		2-3 yrs
	DUE TO (c) myocardial damage		4/21
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left bundle branch block		11
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) _____	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 9-16, 1949, to 4-4, 1952, that I last saw the deceased alive on 4-1, 1952, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Edna M. Bangs (Degree or title) D.O.	23b. ADDRESS 38.39th St. KC Mo	23c. DATE SIGNED 4-4-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL-7-1952	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons	ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.
DATE REC'D BY LOCAL REG. 4-7-52	REGISTRAR'S SIGNATURE Stearline Holmes	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Basil W. Honey

Licensed Embalmer No. *4724*

P. O. Address *Lehland, Md.*

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.