

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**39563**

State File No. ....

FILED NOV 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 165

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Laclede</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson &amp; Pierce</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Lizzie</u> b. (Middle) <u>L. K</u> c. (Last) <u>Pugh</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 9 1953</u>		
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<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>July 25 1870</u>	<b>9. AGE</b> (In years last birthday) <u>83</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At home</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Not Known</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>
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<b>13a. FATHER'S NAME</b> <u>Not Known</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Not Known</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Chas. A. Pugh</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <input checked="" type="checkbox"/>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Everett Wilson</u>	<b>ADDRESS</b> <u>Lebanon Mo. Rt. 1</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 weeks</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Renal-Vascular Accident</u>		
	<b>ANTECEDENT CAUSES</b> <u>Essential Hypertension</u> <u>Cardiac decomp</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Serulity</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>No</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Lebanon, Mo. Laclede Co. Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>No</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that** I attended the deceased from 4/18/52, 1952, to 11/9, 1953 that I last saw the deceased alive on 11/9, 1953 and that death occurred at 4:20P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Everett Wilson M.D.</u>	<b>23b. ADDRESS</b> <u>Lebanon, Mo</u>	<b>23c. DATE SIGNED</b> <u>11/13/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11/12/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Moss</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Laclede Co. Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11-14-1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Hella L. Gray</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Palmer</u>	<b>ADDRESS</b> <u>Lebanon Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

Received NOV 21 1953  
Hawlede County Health Unit  
File No. 11-53-171  
Date Filed NOV 24 1953

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed A. R. Palmer

Signed.....  
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.