

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

State File No. **9754**

**FILED MAR 24 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6029** Registrar's No. **4**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Reynolds</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>Reynolds</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ellington Rural</b>		c. CITY OR TOWN _____	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>own home</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Ellia</b> b. (Middle) <b>May</b> c. (Last) <b>Pogue</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Mar. 9, 1954</b>						
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>w</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>aug 28 1918</b>	<b>9. AGE</b> (In years last birthday) <b>35</b>	<b>10. MONTHS</b> <b>6</b>	<b>11. DAYS</b> <b>17</b>	<b>12. HOURS</b> _____	<b>13. MIN.</b> _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Reynolds County Mo</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> _____	

<b>13a. FATHER'S NAME</b> <b>Edward Baines</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Cordia Hendrix</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Tray Pogue</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Tray Pogue</b>	
<b>17. ADDRESS</b> <b>Ellington, Mo.</b>					

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b>		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) _____</b>				
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.						

<b>19a. DATE OF OPERATION</b> <b>0</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331 X</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<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> <b>Reynolds Mo</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____		

**22. I hereby certify that I attended the deceased from Mar 9, 1954, to Mar 9, 1954, that I last saw the deceased alive on Mar 9, 1954, and that death occurred at 4:00 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Dr. J. H. Pyrtle M.D.</b>		<b>23b. ADDRESS</b> <b>Centerville Mo</b>		<b>23c. DATE SIGNED</b> <b>3/12/54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>B</b>		<b>24b. DATE</b> <b>Mar. 10, 1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Reynolds Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Reynolds Mo.</b>		<b>25. GENERAL DIRECTOR'S SIGNATURE</b> <b>Seaton Pruitt Van Buren Mo.</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>3/22/54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Lois Evans 276-</b>		<b>ADDRESS</b> <b>Seaton Pruitt Van Buren Mo.</b>	

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

No. 300  
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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.....  
Signature of Student Embalmer

Signed Seaton Perwith.....

Licensed Embalmer No. 228

P. O. Address Van Buren

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.