

FILED AUG 22 1955

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

State File No. **25395**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **859**

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) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) most of life			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2412 Angelique Street		d. STREET ADDRESS (If rural, give location) 2412 Angelique Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Ed	b. (Middle) Laus	c. (Last) Pugh	4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1955
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never married	8. DATE OF BIRTH May 10, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Lawn Keeper	11. BIRTHPLACE (City and State or Foreign Country) Richmond, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Pugh	13b. MOTHER'S MAIDEN NAME (Unknown)	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alice McGaugh	ADDRESS 2412 Angelique St., City
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (c) Generalized Arteriosclerosis (unknown)		331X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. may have suffered previous strokes, and was partially paralyzed on the right side.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **on 8/8/55**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:41 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy (Coroner) M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 8/18/55
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE Aug 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Bethany, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Aug 15, 1955	REGISTRAR'S SIGNATURE Lothar M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Gray Mortuary, St. Joseph, Mo.	ADDRESS
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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..... *Emmanuel*

Licensed Embalmer No. *4238*

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.