

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34471**

FILED OCT 27 1955

BIRTH NO. _____ REG. DIST. NO. **308** PRIMARY REG. DIST. NO. **6049** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Femme Osage)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Femme Osage)	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) Highway D.D. 4 Miles W. Defiance, Mo. 2 miles West of Defiance, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) King	b. (Middle) Samuel	c. (Last) Pugh	4. DATE OF DEATH (Month) (Day) (Year)
				October 16, 1955

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 13, 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours 3 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Franklin's Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel Pugh	13b. MOTHER'S MAIDEN NAME Mollie King	14. NAME OF HUSBAND OR WIFE Gertrude Pugh
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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 Gertrude Pugh	ADDRESS Defiance, Mo.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA OF PANCREAS		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RHEUMATIC HEART DISEASE		30 YEARS

19a. DATE OF OPERATION 9/14/55	19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF PANCREAS WITH METASTASES	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 **SEPT. 2, 1955**, to **OCT. 16, 1955**, that I last saw the deceased alive on **OCTOBER 5, 1955**, and that death occurred at **10:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul W. Kocher	(Degree or title) M.D.	23b. ADDRESS 114 N. Main St. Charles, Mo.	23c. DATE SIGNED 10/18/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 19, 1955	24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery, Defiance, Mo.	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. 10-22-55	REGISTRAR'S SIGNATURE Paul Viola Fleussmeier	25. FUNERAL DIRECTOR'S SIGNATURE Marie Blumhardt	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 *Marion M. Muehling*

Licensed Embalmer No. 2461

P. O. Address Wentzville

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.