

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012607

STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 37

300
-57

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Norborne 0170
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bales Hospital		Length of stay in 1b 7 Days.	d. STREET ADDRESS (If outside, give location) 605 S. Pine
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Raymond L. Pugh			4. DATE OF DEATH Month Day Year April 27 1959		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 27, 1905	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner coal store		10b. KIND OF BUSINESS OR INDUSTRY Produce Co.	11. BIRTHPLACE (City and state or country) Ray County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Scott Pugh		13b. MOTHER'S MAIDEN NAME Katherine Dixon		14. NAME OF HUSBAND OR WIFE Irene Schifferlecker	

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. 495-07-2890	17. INFORMANT Address Mrs. Raymond Pugh Norborne, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Metastasis of Adrenal gland? DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 MO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1950		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **10-30-58** to **April 27 1959** and last saw her alive on **April 27 1959**. Death occurred at **2:45 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE Eugene Pugh (Degree or title)	21b. ADDRESS Carrollton	21c. DATE SIGNED 4/30/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery	23d. LOCATION (City, town, or county) (State) Norborne Mo.
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24. FUNERAL DIRECTOR Ditch Funeral Home, Norborne	25. DATE RECD. BY LOCAL REG. 4/29/59	26. REGISTRAR'S SIGNATURE Mr. Herbert Calvert
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 James F. Gibson, Student Embalmer No. 572 working under my personal supervision.

Student James F. Wilson
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.