

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012796

STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 098 Primary Registration District No. Registrar's No. 43

300
1-57

Dr. Nelson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Daviness				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviness			
b. CITY (If outside corporate limits, give TOWNSHIP only) Jameson			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jameson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		Length of stay in lb 2 Yrs.		d. STREET ADDRESS (If outside, give location) ---		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle LEE Last PUGH				4. DATE OF DEATH Month April Day 27 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 26 1894		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 9 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (City and state or country) Pottawattamie Co. Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David Pugh			13b. MOTHER'S MAIDEN NAME Nancy Williams		14. NAME OF HUSBAND OR WIFE Georgia Pugh		
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. 496-42-0945		17. INFORMANT Address Mrs. Harry L. Pugh, Jameson, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Stomach + Leucy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992						INTERVAL BETWEEN ONSET AND DEATH 9 mos.	
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.) 1992				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, ctory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Gallatin, Mo.			COUNTY _____ STATE _____		
21. I attended the deceased from Jan 59 , to 4-27-59 and last saw ^{her} him alive on 4-27-59 Death occurred at 4:15 Pm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Floyd E. Nelson (Dress or title)				22b. ADDRESS Gallatin, Mo.		22c. DATE SIGNED 4-28-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-29-59	23c. NAME OF CEMETERY OR CREMATORY Civil Bend Methodist		23d. LOCATION (City, town, or county) (State) Civil Bend, Mo.		
24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 5-6-1959		26. REGISTRAR'S SIGNATURE Regina M. Engelhart		

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 *L. O. Dickerson*

Licensed Embalmer No. *3392*

P. O. Address *Gallatin*

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.