

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32677Registered District No. 5100Primary Registration District No. 5100

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Bates
(b) City or town Rural, West Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital. Plane Accident. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply.
(Specify whether
In this community Life in Deepwater Community
years, months or days)

3. (a) PRINT

FULL NAME GORDON DOAN BIGUM

3. (b) If veteran,

name war World War #2.

3. (c) Social Security

No. 486-26-1989

4. Sex Male. 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Not married.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July, 4th, 1924.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 3 9 _____ hr. _____ min.

9. Birthplace Deepwater Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Air plane pilot.

11. Industry or business @ Clinton Missouri Air Port.

- MOTHER FATHER { 12. Name Gordon L. Bigum.
13. Birthplace Deepwater, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Doan
15. Birthplace Deepwater Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Gordon L. Bigum

- (b) Address Deepwater Missouri.

17. (a) Burial (b) Date thereof 10/14/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Thomas Hurst.

- (b) Address Deepwater Missouri.

19. (a) 10/14/46. (b) L.A. Mangold.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County Henry. 42
(c) City or town Deepwater. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Does not apply.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1946 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

- Immediate cause of death Fatal burns
Due to airplane crash
Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) accident 7
(b) Date of occurrence Oct 13 - 1946
(c) Where did injury occur? On Fenton farm 1 1/2 mi S.E. of Deepwater
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature John H. Henderson (M. D. or other) Coroner
Address Deepwater Mo Date signed 10-14-46

NOV 20 1946

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.....

This body was not embalmed. Too badly burned for any injection.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.