FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 32

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18690
Primary Registration District No. 3006
Registrar's No. 186

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 812½ Tandy Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 22 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 812½ Tandy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: NETTIE LEE PIGG
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: William E. Pigg
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 8 (Month) – 25 (Day) – 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63	10	8	..... hr. ..... min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Josiah Jones
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Louida Pierrat
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Herman Pigg
(b) Address: 822 Range Line, Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 7-6-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3 year 1948 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from June 1946, to July 3, 1948, that I last saw h. alive on July 1, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: metastatic carcinoma	– ?
Due to: Carcinoma, cervix –	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: HBV
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Charles A. Leech Jr. (M. D. or other) MD
Address: Columbia, Mo. Date signed: 7-6-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number JUL 14 1948
Date Filed

JUL 17 1948

MAY 22 1950

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed M. N. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.