S. No. 300
w. 10.48

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 118

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1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): Several yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 S. Cedar Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
d. STREET ADDRESS (If rural, give location): 402 South Cedar St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Bigelow

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, [redacted], [redacted], [redacted] (Specify): 1
8. DATE OF BIRTH: September 13-1889
9. AGE (In years last birthday): 59 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George H. Bigelow
13b. MOTHER'S MAIDEN NAME: Myra Hoods
14. NAME OF HUSBAND OR WIFE: Maude Bigelow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maude Bigelow, ADDRESS: Nevada, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Don't Know

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Don't Know
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: — 4222

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ✓
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ✓
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* July 3, 1949, *to* July 14, 1949, *that I last saw the deceased alive on* July 14, 1949, *and that death occurred at* 9:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Love Mr. U
23b. ADDRESS: Nevada, Mo.
23c. DATE SIGNED: 7/15/49

24a. BURIAL, [redacted] (Specify)
24b. DATE: July 18-1949
24c. NAME OF CEMETERY OR CREMATORY: Stockton Cemetery
24d. LOCATION (City, town, or county) (State): Stockton, Missouri

DATE REC'D BY LOCAL REG.: July 19, 49
REGISTRAR'S SIGNATURE: Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE: Terry Funeral Home
ADDRESS: Nevada, Missouri

(Licensed Embalmer's Statement on Reverse Side) L. B. Terry

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

OCT 31 1949

MAR 23 1950

RECEIVED
District Health Officer No. 7,
District File Number 6-49-222
Date Filed 7-23-49

AUG 2 1949

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 John G. Lewis, Student Embalmer No. 331, working under my personal supervision.

Student John G. Lewis
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 1760

P. O. Address Nevada Iowa

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.