

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Williams 1479
 State File No. _____

FILED SEP 19 1949

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>450</u>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>					
b. CITY OR TOWN <u>DONIPHAN</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		c. CITY OR TOWN <u>RURAL - PINE TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WILLIAMS HOSPITAL</u>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>PIGG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-21-1949</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>2-25-1886</u>			
9. AGE (In years last birthday) <u>63</u>		# UNDER 1 YEAR <u>4</u>		# UNDER 1 YEAR <u>21</u>		# UNDER 1 YEAR <u>Min.</u>			
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>WILLIAM N. PIGG</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA VANDIVER</u>			14. NAME OF HUSBAND OR WIFE <u>ZORA PIGG</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. Fred Ollar Bennett Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compacted fracture of thigh</u> DUE TO (c) <u>End of barn</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>89020</u> <u>21</u>	
19a. DATE OF OPERATION <u>7-20-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Compacted fracture of femur & Hemorrhage</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Name</u>		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Ripley Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 19 1949 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall from barn roof</u>					
22. I hereby certify that I attended the deceased from <u>7-19</u> , 19 <u>49</u> , to <u>7-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-21</u> , 19 <u>49</u> , and that death occurred at <u>9:30 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J E Edwards MD</u>				23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>8-13-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BIG BARREN Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-9-49</u>		REGISTRAR'S SIGNATURE <u>W B Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J E Edwards Doniphan Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

91
1

RECEIVED 9/12/49
District Health Officer No. 5,

District File Number 949606

Date Filed 9/15/49

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.

Signed Carl B Bird.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4306.....

P. O. Address Doniphan, 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.