FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40188

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4051 Registrar's No. 328

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hallsville
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

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

3. NAME OF DECEASED (Type or Print)
a. (First): MINERVA
b. (Middle): THOMAS
c. (Last): PIGG

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 20, 1866

9. AGE (In years last birthday): 83
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): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Paris, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: John W. Jones

13b. MOTHER'S MAIDEN NAME: Cynthia Gillaspie

14. NAME OF HUSBAND OR WIFE: Warren Pigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Jesse Quisenberry, Hallsville, 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterial hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331 X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

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* Dec. 12, 1949, *to* Dec 26, 1949, *that I last saw the deceased alive on* Dec 19, 1949, *and that death occurred at* 7:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. Lachance (Degree or title): M.D.

23b. ADDRESS: Centralia, Mo

23c. DATE SIGNED: Dec 31, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 28, 1949

24c. NAME OF CEMETERY OR CREMATORY: Friendship Cemetery

24d. LOCATION (City, town, or county) (State): Boone County, Missouri

DATE REC'D BY LOCAL REG.: Jan 3 1950

REGISTRAR'S SIGNATURE: Mrs. R E. Palmer 31

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Parker Funeral Service, Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 10 1950
District Health Officer No. 9,
District File Number

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 Tom McHarg

Signed .....
Student Embalmer

Licensed Embalmer No. 4867

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.