

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13490

State File No.

BIRTH NO. 28821-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 231

495

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (if in place) 2 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If rural, give location) Rural Route #2.	

8150
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3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Le Roy	c. (Last) Pigg	4. DATE OF DEATH (Month) (Day) (Year) 5 4 50
5. SEX M <u>0</u>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 5-4-50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Freeman Hospital Joplin Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Pigg	13b. MOTHER'S MAIDEN NAME Betty Jean Shaeffer	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME John Pigg	ADDRESS Galena, Kansas.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature 6 months</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>abruptio placenta in mother.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

776 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-4-50, 1950 to 5-4-50, 1950, that I last saw the deceased alive on 5-4-50, 1950, and that death occurred at 7:45 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>John E. Burch, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Frisco Bldg Joplin</u>	23c. DATE SIGNED <u>5-5-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>5-5-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Galena Kansas.</u>
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DATE REC'D BY LOCAL REG. <u>6-5-50</u>	REGISTRAR'S SIGNATURE <u>W. D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. ...</u>	ADDRESS <u>Galena Kansas</u>
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RECEIVED 5-8-50
Jasper County Health Office

County File Number 50-4-377

Date Filed 5-8-50

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 Howard E. Gibson

Signed _____
Student Embalmer

Kansas Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.