

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35879
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6108</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Scotland</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Loplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u>		d. STREET ADDRESS (If rural, give location) <u>0991</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. LENGTH OF STAY (in this place)		b. COUNTY <u>Scotland</u>		e. STATE <u>MO</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Margarette</u>	b. (Middle) <u>Kigar</u>	c. (Last) <u>Kigar</u>	(Month) <u>Sept</u>	(Day) <u>25</u>	(Year) <u>1950</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
(Type or Print)							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 30 1873</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTH PLACE (State or foreign country) <u>Kentucky</u>		9. AGE (In years, if under 1 year last birthday) <u>77</u>	
						12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Howe</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis Kigar</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Kigar</u>			
				ADDRESS <u>Memphis MO</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. <u>General Arteriosclerosis</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4221</u>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Sept 5, 1950</u> to <u>Sept 25, 1950</u> , that I last saw the deceased alive on <u>Sept 24, 1950</u> and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Lowe D.D.</u> (Degree or title)				23b. ADDRESS <u>Memphis MO</u>		23c. DATE SIGNED <u>10/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sept 27 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bible Grove</u>		24d. LOCATION (City, town, or county) <u>Bible Grove MO</u> (State) _____	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>467</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Basket</u> ADDRESS <u>Memphis MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

940

NOV 2 1950

Date Received: OCT 26 1950
DISTRICT HEALTH OFFICE
District File Number 10-50
Date Filed: OCT 31 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Albert C Gerth

Signed _____
Student Embalmer

Licensed Embalmer No. 4257

P. O. Address Memphis 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.