

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43981

State File No.

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5049 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY</u>	
b. CITY OR TOWN <u>AURORA NORTH #1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>SOUTH OF AURORA, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR MADRY So. of Aurora</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Bigelow</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13, 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>MARCH 13, 1871</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING & FARMING</u>	
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	

13a. FATHER'S NAME <u>Daniel K. Bigelow</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Yancey</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thelma McKisson</u> ADDRESS <u>Aurora MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>4201</u>		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1, 1950, to May 13, 1950 that I last saw the deceased alive on May 12, 1950 and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Harrison, M.D.</u> (Degree or title)		23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>AURORA MO</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Charles L. Marshall</u> ADDRESS <u>Aurora, Mo.</u>		DATE REC'D BY LOCAL REG. <u>4-9-51</u> REGISTRAR'S SIGNATURE <u>Mrs. Gene Hudson</u>	

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

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DIVISION OF HEALTH OF I. O.
District No. 5-0-0-0-0-0

RECEIVED APR 14 1951

Dist. File 437-293

Date Filed 4-14-51

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.....

GENE H. PARRENT

working under my personal supervision.

Student Embalmer No. 349

Signed Gene Harrent
Student Embalmer

Signed Gene Harrent

Licensed Embalmer No. 3812

P. O. Address Aurora, 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.