

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7824  
Registrar's No. 13

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Madison</u>	c. LENGTH OF STAY (In this place) <u>3 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Madison Twp</u>	d. STREET ADDRESS (If rural, give location) <u>Madison Twp</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Boarding House</u>		d. STREET ADDRESS (If rural, give location) <u>Madison Twp</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Loigan</u> c. (Last) <u>Loigan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-1951</u>		
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5. SEX <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-26-1864</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	11. UNDER 24 HRS. Hours <u>2</u> Min. <u>2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Hamilton Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Loigan</u>	13b. MOTHER'S MAIDEN NAME <u>Bridget Sullivan</u>	14. NAME OF HUSBAND OR WIFE <u>never married.</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration</u> DUE TO (c) <u>General Edema</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Madison Township</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 for 3 years, 1948, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Dec 25, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Riggs M.D.</u> (Degree or title)	23b. ADDRESS <u>Kahoka</u>	23c. DATE SIGNED <u>April 5, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kahoka Clark Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-7-51</u>	REGISTRAR'S SIGNATURE <u>J. R. Bridgman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Kasea</u>	ADDRESS <u>Kahoka</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: APR 9 1951  
DISTRICT HEALTH OFFICE #2  
District File Number # - 51-70  
Date Filed: APR 10 1951

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Fred Karle*

Licensed Embalmer No. *1023*

P. O. Address *Kabota 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.