No. 300
10.48

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9055

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 49

492
1

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (in this place): 47 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 517 S. Devon St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0492
d. STREET ADDRESS (If rural, give location): 517 S. Devon St.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Jackson
c. (Last): Bigley

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 10, 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 7, Days 0 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dade County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John Bigley
13b. MOTHER'S MAIDEN NAME: Lizzie Bright
14. NAME OF HUSBAND OR WIFE:
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.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Alva Bigley, Webb City, Mo. ADDRESS:

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) Acute coronary occlusion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary sclerosis and
DUE TO (c) Hypertensive heart disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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): none 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* Did not attend, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 11:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W W Burch M.D. 3 (Degree or title) Coroner of Jasper Co.
23b. ADDRESS: Joplin Nat'l Bnk Bldg Joplin Mo
23c. DATE SIGNED: 3-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: ~~XXX~~ 3-13-51
24c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery
24d. LOCATION (City, town, or county) (State): Carterville, Missouri

DATE REC'D BY LOCAL REG.: Mch 13-51
REGISTRAR'S SIGNATURE: [signature] 137
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Johnston-Arnce-Simpson, Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side) HEO

RECEIVED 3/20/51
Jasper County Health Office

County File Number 51-3-207
Date Filed 3/20/51

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Harvey E. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Webb City, Mo

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

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