

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27919**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **199**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY (If outside corporate limits, write RURAL and give township) Moberly	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 902 Douglas	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitaker Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Eva	b. (Middle) Fern	c. (Last) Bigelow	4. DATE OF DEATH (Month) (Day) (Year) Aug 24 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9 1893	9. AGE (In years last birthday) 58	# UNDER 1 YEAR 3	# UNDER 6 Mths. 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William P. Miller	13b. MOTHER'S MAIDEN NAME Mary D. Frazier	14. NAME OF HUSBAND OR WIFE D. Frank Bigelow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-07-1074	17. INFORMANT'S SIGNATURE OR NAME D.F. Bigelow	ADDRESS Moberly, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of spine		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 196X	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)
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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 **Aug 14**, 1951, to **Aug 24**, 1951, that I last saw the deceased alive on **Aug 24**, 1951, and that death occurred at **2:30** p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. T. Whitaker M.D.	23b. ADDRESS Moberly, Mo	23c. DATE SIGNED 8-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Aug. 27 1951	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly Mo
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DATE REC'D BY LOCAL REG. 8-27-51	REGISTRAR'S SIGNATURE Louis	25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son	ADDRESS Moberly Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-57-1545
Date Filed: SEP 5 1951

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.

Student
Student Embalmer

Signed Frank D D'Will

Licensed Embalmer No. 3021

P. O. Address Moberly

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.