

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38091

State File No. _____

FILED DEC 8 - 1951

BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5748 Registrar's No. 57

I. PLACE OF DEATH
a. COUNTY MADISON
b. CITY OR TOWN Rural - Mine La Motte - Mo.
c. LENGTH OF STAY (in this place) 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 MI. N.E. of FREDERICKTOWN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY MADISON
c. CITY OR TOWN Rural - Mine La Motte 10624 Township A
d. STREET ADDRESS (If rural, give location) 7 MI. N.E. of FREDERICKTOWN

3. NAME OF DECEASED
a. (First) WILLIAM b. (Middle) — c. (Last) FIGGIE

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 24, 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH FEB. 28, 1870

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 8 Days 26 IF UNDER 1 HR. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. RICHARD TUCKER - MINE LA MOTTE, MO.

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) BRONCHIAL PNEUMONIA
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4-91X

20. AUTOPSY? YES NO

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) (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 Feb. 12, 1951, to Nov. 23, 1951, that I last saw the deceased alive on Nov. 23, 1951, and that death occurred at 7:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Des W. Johnson D.O.

23b. ADDRESS FREDERICKTOWN MO.

23c. DATE SIGNED Nov. 28, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 11-26-51

24c. NAME OF CEMETERY OR CREMATOR LIBERTYVILLE METHODIST

24d. LOCATION (City, town, or county) (State) ST. FRANCIS COUNTY, MO.

DATE REC'D BY LOCAL REG. 12-1-1951

REGISTRAR'S SIGNATURE Therence H. Haka

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. J. Adkinson - FREDERICKTOWN, MO.

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
DEC 7 - 1951

FILE No. 1237-101

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

Melvin Miller

Licensed Embalmer No.

4407

P. O. Address

Fredericktown, 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.