No. 300
10-46

FILED DEC 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42262

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 396

0644

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place): 12/15/51
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 3212 James Road 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Mary E. Bigger

4. DATE OF DEATH (Month) (Day) (Year): December 19, 1951

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 19, 1862
9. AGE (In years last birthday): 89 — If under 1 year: Months 8, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XX
10b. KIND OF BUSINESS OR INDUSTRY: XX
11. BIRTHPLACE (State or foreign country): Cardington Ohio 1
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Jacob E. Means
13b. MOTHER'S MAIDEN NAME: Margaret Hartsock
14. NAME OF HUSBAND OR WIFE: Clay C. Bigger 9 deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Byrne E. Bigger — ADDRESS: Hannibal Missouri

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): Cerebral Apoplexy

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: 334X
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* 1940, 19__, *to* 12-19, 1951, *that I last saw the deceased alive on* 12-18, 1951, *and that death occurred at* 5:50 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Hardisty
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 12-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/21/51
24c. NAME OF CEMETERY OR CREMATORY: Laclede
24d. LOCATION (City, town, or county) (State): Laclede Missouri

DATE REC'D BY LOCAL REG.: 12/20/51
REGISTRAR'S SIGNATURE: Dr E M Lucke, Deputy [signature] C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] Crawford Smith — ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 27 1951
MARION CO. HEALTH DEPT.
DATE FILED DEC 27 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 John S. Hand

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.