

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3821

FILED FEB 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6278 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brush Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville, Mo</u>	
c. LENGTH OF STAY (in this place) <u>71 Yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tive</u> b. (Middle) <u>Lee</u> c. (Last) <u>Stigall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 4 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-10-1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days <u>10 25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wright County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>Stephen Stigall</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Mayah</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Stigall</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) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dolan Stigall</u>	ADDRESS <u>Hartville, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regurgitation</u>		
	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 <u>410X</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)
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?

22. I hereby certify that I attended the deceased from Jan 30, 1952, to Feb 4, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L.R. Mott M.D.</u>	23b. ADDRESS <u>Hartville Mo</u>	23c. DATE SIGNED <u>2-9-52</u>
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24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-8-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coon Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/9/52</u>	REGISTRAR'S SIGNATURE <u>J. Garner</u>	346	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Halden</u>	ADDRESS <u>Hartville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

140

1140

WRIGHT CO. HEALTH DEPT.  
County File Number 252-17  
Date Filed 2-9-52

**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 Gene E. Holden.....

Licensed Embalmer No. 3865.....

P. O. Address Hartsville, 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.