

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

19415

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 628

0117

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>3 wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Artis Hotel</u>		d. STREET ADDRESS (If rural, give location) <u>609 So. 8 St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Bigelow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 5, 1882</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elec. Lineman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chilicothe, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm. Bigelow</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda Jewell</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>800-07-9438</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Norman Funeral Home, Chilicothe, Mo</u>		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) <u>Chronic Cardio-Vascular degenerative disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>degenerative disease</u> DUE TO (c) <u>Heat stroke</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>man died while alone in bed in his hotel room. He had complained of shortness of breath and the heat.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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? <u>4221</u>		22. I hereby certify that I attended the deceased from <u>6/15, 1952</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:45 A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>H. J. Mundy M.D. (Coroner)</u>		23b. ADDRESS <u>St. Joseph Mo</u>	
23c. DATE SIGNED <u>6/17/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>6/15/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tiberghien Cemetery Livingston County, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <u>June 19, 1952</u>	
REGISTRAR'S SIGNATURE <u>Carl C. Castel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry St. Joseph Mo</u>	

---

---

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 *Victor Barry* .....

Licensed Embalmer No. *4212* .....

P. O. Address *St Joseph 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.