

No. 300  
10-48

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19874

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 Walnut.</u>			d. STREET ADDRESS (If rural, give location) <u>502 Walnut</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Bigley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1952</u>		
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 11 1866</u>	9. AGE (In years of last birthday) <u>85</u>	10. YEAR OF UNDER 18 HRS. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Sallee</u>		13b. MOTHER'S MAIDEN NAME <u>JANE Chance</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Bigley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Campbell Plattsburg</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix</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			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?			
22. I hereby certify that I attended the deceased from <u>June 2, 1952</u> to <u>June 4, 1952</u> , that I last saw the deceased alive on <u>June 8, 1952</u> , and that death occurred at <u>12:45pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. D. Shalading MD</u>			23b. ADDRESS <u>Plattsburg Mo</u>		23c. DATE SIGNED <u>June 11 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Edw. D. Lyon</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Plattsburg, Mo.</u>		

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

**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 Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.