No. 300
10-48

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0430 State File No. 24290

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5523 Registrar's No. 1

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

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsburg Greene Twp
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mi. West of Pittsburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsburg Greene Twp
d. STREET ADDRESS (If rural, give location): 1 Mi. West of Pittsburg

3. NAME OF DECEASED (Type or Print)
a. (First): Nickolas
b. (Middle): Chestine (Chet)
c. (Last): Bigler

4. DATE OF DEATH (Month) (Day) (Year): Aug 2 1952

5. SEX: M
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 12 1880
9. AGE (In years last birthday): 72 — If under 1 year: Months 6 Days 21 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Pittsburg Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John C. Bigler
13b. MOTHER'S MAIDEN NAME: Susan Floyd
14. NAME OF HUSBAND OR WIFE: James Legettie Bigler

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: J. C. Bigler — ADDRESS: Desota Kansas

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Medially

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: 4201
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~~ viewed *the deceased from* Aug 2, 1952, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): May Johnson Local Registrar
23b. ADDRESS: Hermitage Missouri
23c. DATE SIGNED: 8-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 4/52
24c. NAME OF CEMETERY OR CREMATORY: Antioch Cemetery
24d. LOCATION (City, town, or county): West of Pittsburg (State) Mo

DATE REC'D BY LOCAL REG.: 8-5-52
REGISTRAR'S SIGNATURE: May Johnson
25. FUNERAL DIRECTOR'S SIGNATURE: Erwin & Blue — ADDRESS: Bolivar Mo

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(Licensed Embalmer's Statement on Reverse Side)

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 Willard D. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.