

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32376

State File No. _____

FILED OCT 14 1952

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>8047</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. CITY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		0732	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>214 So. High St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u>		b. (Middle) <u>P.</u>		c. (Last) <u>BIGGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 6 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 2, 1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>3</u>		11. DAYS <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SULLIVAN MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles E. Prettyman Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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 <u>CHARLES E. PRETTYMAN JR.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Fractured Neck Femur</u>				10 days	
		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) _____		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>26 SEPT</u> , 19 <u>52</u> to <u>6 Oct</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6 Oct</u> , 19 <u>52</u> , and that death occurred at <u>12:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Taylor M.D.</u> (Degree or title)				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>7 Oct 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 9 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>J. O. O. F. Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, MO</u>	
DATE REC'D BY LOCAL REG. <u>10-7-52</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bourman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM MORT</u>		ADDRESS <u>Neosho MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1932

OCT 10 1952

RECEIVED

DISTRICT HEALTH OFFICER NO. 1052-198

NEWTON COUNTY HEALTH UNIT

District Health Officer

Date RECEIVED OCT 10 1952

NEOSHO, MISSOURI

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed W. B. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.