S. No. 300
v. 10-48

0732
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39587

FILED NOV 20 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 116

**1. PLACE OF DEATH**
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 4 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sale Memorial Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Neosho, Mo.,
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho 0732
d. STREET ADDRESS (If rural, give location): 440 McCord Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Charles
b. (Middle): H.
c. (Last): Bigelow

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 8, 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: May 13, 1878
**9. AGE** (In years last birthday): 74 — If under 1 year: Months 5, Days 25 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): (Retired) Hardware
**10b. KIND OF BUSINESS OR INDUSTRY**: Hardware
**11. BIRTHPLACE** (City and State or Foreign Country): California U.S.A.
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: George Bigelow
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Nellie Bigelow

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Nellie Bigelow
**ADDRESS**: Neosho, Missouri

**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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: "

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 the deceased from* 11-1, 195-, *to* 11-8, 195 2, *that I last saw the deceased alive on* 11-8, 1952, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** F. E. Whitehead (Degree or title) M.D.
**23b. ADDRESS** Neosho Mo.
**23c. DATE SIGNED** 11-10-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation
**24b. DATE**: Nov. 10, 52
**24c. NAME OF CEMETERY OR CREMATORY**: Kansas City Crematory
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**DATE REC'D BY LOCAL REG.**: 11. 10. 52
**REGISTRAR'S SIGNATURE**: Melvin C. Bowman M.D. 223-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Clark-Bigham Mort.
**ADDRESS**: Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 1152-264

Date Filed 1952

NEOSHO, MISSOURI

DEC 2 1952

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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 W. Hudd Tuston

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.