

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1264

State File No.

FILED FEB 4 1953

BIRTH NO. _____		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>4228</u>		Registrar's No. <u>1</u>		
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence or institution). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>		c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>		<u>0450</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) <u>HOWARD GASCOIGNE DIGGES</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH <u>Jan. 9 1953</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Mar. 6, 1879</u>		
9. AGE (In years, months, days) <u>73</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 YEAR: Hours _____ Min. _____		IF UNDER 1 YEAR: _____		
10. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) <u>Pharmacist</u>			10. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Glasgow Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Thomas Diggles</u>		13. MOTHER'S MAIDEN NAME <u>Betty Shouse</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		(If yes, give part or dates of service) _____		16. SOCIAL SECURITY NO. <u>Not available</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Thomas E. Buil</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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) _____		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>Aug, 1952</u> , to <u>Jan 9, 1953</u> , that I last saw the deceased alive on <u>Jan 8, 1953</u> , and that death occurred at <u>10:2 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. L. Linder</u> (Degree or title) _____				23b. ADDRESS <u>Glasgow Mo.</u>		23c. DATE SIGNED <u>1-23-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 11, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-23-1953</u>		REGISTRAR'S SIGNATURE <u>Walker Audsley</u>		GENERAL DIRECTOR'S SIGNATURE <u>Audsley</u>		ADDRESS <u>Fremont Glasgow Mo</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

0450
1

FEB 10 1932

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. H. Friedman

Licensed Embalmer No. 3978

P. O. Address Margow Ave

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.