

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2126**

FILED JAN 20 1953

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **524**

1581
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Linn, Marceline Twp.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. LENGTH OF STAY (in this place) 71	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		0580
d. FULL NAME OF HOSPITAL OR INSTITUTION None			d. STREET ADDRESS (If rural, give location) Rural		
3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Morris c. (Last) Bigger			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 4 1875		9. AGE (In years last birthday) 77 if UNDER 1 YEAR: Months 4 Days 3 if UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Linn Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME C. G. Bigger		13b. MOTHER'S MAIDEN NAME Leah Jean Powers		14. NAME OF HUSBAND OR WIFE Nelle Bigger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred M. Bigger, Marceline Mo.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Terminal		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis			Interval between onset and death 17)		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cystitis			Interval between onset and death 9/15/51		
DUE TO (c) Benign Prostate			Interval between onset and death 9/15/51		
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 177X		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 10/2, 1952 , to 11/7, 1953 , that I last saw the deceased alive on 1/1/53 , 1953, and that death occurred at 8:45 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE W. L. Brown (Degree or title)			23b. ADDRESS Brookfield, Mo.		23c. DATE SIGNED 1/8/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 10, 1953	24c. NAME OF CEMETERY OR CREMATOR Mt. Olivet		24d. LOCATION (City, town, or county) (State) Marceline, Mo.
DATE REC'D BY LOCAL REG. 1/8/53		REGISTRAR'S SIGNATURE Wm. J. O'Connell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. J. O'Connell, Marceline, Mo.	

(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 George W. Danalt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.