S. No. 300
v. 10.48

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12930

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4470 Registrar's No. 61

1970
1

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arrow Rock
c. LENGTH OF STAY (in this place): 52 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): --- Main street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arrow Rock 0970
d. STREET ADDRESS (If rural, give location): ---- Main street

3. NAME OF DECEASED (Type or Print)
a. (First): Watson
b. (Middle): -----
c. (Last): Diggs

4. DATE OF DEATH (Month) (Day) (Year): Mch. 8th, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 23rd, 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months: 1 Days: 15 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Construction Co
11. BIRTHPLACE (City and State or Foreign Country): Saline County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: W.B.Diggs
13b. MOTHER'S MAIDEN NAME: Cynthia Morris
14. NAME OF HUSBAND OR WIFE: Kate Dickson Diggs

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.: 318-16-5792
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Watson Biggs, Arrow Rock, 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, 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: hours

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*: Mitral stenosis — 164

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* Jan 1, 1953 *to* Mar 8, 1953, *that I last saw the deceased alive on* 3/8, 1953, *and that death occurred at* 8-45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 3/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mch. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Arrow Rock cemetery
24d. LOCATION (City, town, or county) (State): Arrow Rock, Mo.

DATE REC'D BY LOCAL REG.: 3-9-1953
REGISTRAR'S SIGNATURE: Sidney T. Gray 385 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Campbell-Lewis Marshall, Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1957

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.