

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17181

State File No.

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 594

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0110</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Washington Twp.</u> c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twp.</u> <u>0110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR #5, St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>RR #5, St. Joseph</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUCIAN</u>	b. (Middle) <u>H.</u>	c. (Last) <u>STIGERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1953</u>
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5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 8, 1887</u>	9. AGE (in years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Apt. Bldg.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u> <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Willard Stigers</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Kennerd</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Stigers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Stigers, RR #5, S., Joseph,</u> ADDRESS <u>Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>year</u> <u>7</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Probably an infection</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Chronic Brucellosis</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>044X</u>	<u>5-31-51</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 31, 1951 to May 16, 1953 that I last saw the deceased alive on May 5, 1953, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>423 Main St., City</u>	23c. DATE SIGNED <u>5-19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 19, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 22, 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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, ~~city~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William E. Bazar*

Licensed Embalmer No. *4795*

P. O. Address *St. Joseph, 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.