

STANDARD CERTIFICATE OF DEATH

19035

State File No.

FILED JUN 2 1953

BIRTH-NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4448 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Ray</u> <u>0890</u> <u>AMANDA (ROSS) PIGG</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0810</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orriok</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orriok</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>(Ross)</u> c. (Last) <u>Pigg</u>			4. DATE OF DEATH <u>May -18-53</u> (Month) (Day) (Year)		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 30, 1871</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Old Albany (1Mi. N. Orriok)</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Old Albany (1Mi. N. Orriok)</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank T. Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Brasher</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Pigg</u>					

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>Charles Pigg</u> ADDRESS <u>Orriok, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
		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 <u>331 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 5-11, 1953, to 5-18, 1953, that I last saw the deceased alive on 5-18, 1953 and that death occurred at 7:40 m., from the causes and on the date stated above.

23a. SIGNATURE <u>loyd E. Shale</u> (Degree or title) <u>MO</u>		23b. ADDRESS <u>Orriok, Mo.</u>		23c. DATE SIGNED <u>5-20-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>		24d. LOCATION (City, town, or county) (State) <u>Orriok, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5-28-53</u>		REGISTRAR'S SIGNATURE <u>Thelen J. Larkin</u> <u>273</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Good-Bailey</u> ADDRESS <u>Orriok, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Morris R. Bailey

Licensed Embalmer No.

4897

P. O. Address

Ossipee, Me.

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.