

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24279**

FILED AUG 11 1953		REG. DIST. NO. 82	PRIMARY REG. DIST. NO. 3017	Registrar's No. 89
1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville 0272		
c. LENGTH OF STAY (In this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) Hotel Frederick.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.				
3. NAME OF DECEASED (Type or Print)		a. (First) Frank.		b. (Middle) W.
		c. (Last) Pigott		4. DATE OF DEATH (Month) August (Day) 1 (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, DIVORCED, RE-MARRIED Never Married	8. DATE OF BIRTH Sept. 21/1864	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Realty Company.	11. BIRTHPLACE (City and State or Foreign Country) St., Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John T. Pigott		13b. MOTHER'S MAIDEN NAME Josephine Trigg	14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mr. John C. Pigott, Boonville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Hypertension - arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 7 years		
ANTECEDENT CAUSES Cardiovascular Disease				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Bronchopneumonia		3 days		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X		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 7-16-53 , 19 53 , to 8-1-53 , 19 53 , that I last saw the deceased alive on 8-1- , 19 53 , and that death occurred at 4:30 pm. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) B. M. Stuart M.D.		23b. ADDRESS Boonville Mo.	23c. DATE SIGNED 8-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 3/1953	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Mo.	
DATE REC'D BY LOCAL REG. 8-3-53	REGISTRAR'S SIGNATURE D. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 G. F. Roller

Licensed Embalmer No. 3067

P. O. Address Boonville, 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.