

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12300

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 1219	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 1 1/2 yrs		c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1620 W. Short St.				e. STREET ADDRESS (If rural, give location) 1620 W. Short 700 ⁵ ₀			
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) May c. (Last) Bigler			4. DATE OF DEATH (Month) (Day) (Year) April 4, 1954				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 26, 1881	
9. AGE (In years last birthday) 12		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Carsonville, Mich		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Chas. E. Sherman		13b. MOTHER'S MAIDEN NAME Margaret Bell		14. NAME OF HUSBAND OR WIFE Lewis E. Bigler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis E. Bigler, Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Transitional cell carcinoma Left anterior small + large bowel.</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Uremia</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X				INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 1 year.	
19a. DATE OF OPERATION May 1952		19b. MAJOR FINDINGS OF OPERATION				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 2-11, 1952, to 4-3, 1954, that I last saw the deceased alive on 4-3, 1954, and that death occurred at 10 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Ernie McParoch MD</i>				23b. ADDRESS 10912 1/2 W. Main Rd.		23c. DATE SIGNED 4/5/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/7/54		24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. 4-6-54		REGISTRAR'S SIGNATURE <i>[Signature]</i> 3543		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Theo B. Carson Independence, Mo.			

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.....
Signature of Student Embalmer

Signed

Harold E. Koehler

Licensed Embalmer No. *460*

P. O. Address *Judge*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.