

No. 300
10.48

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

250

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15305

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 6298 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Atchison Twp.		c. LENGTH OF STAY (In this place) most of life		c. CITY OR TOWN Gower	
d. FULL NAME OF HOSPITAL OR INSTITUTION. R. R. #2		e. STREET ADDRESS (If rural, give location) R. R. #2			

3. NAME OF DECEASED (Type or Print) a. (First) Hattie			b. (Middle) Belle			c. (Last) Bigham			4. DATE OF DEATH (Month) (Day) (Year) June 6, 1954		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH November 23, 1867		9. AGE (In years last birthday) 86		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) housework			10b. KIND OF BUSINESS OR INDUSTRY own home			11. BIRTHPLACE (City and State or Foreign Country) Platte County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME William Bigham			13b. MOTHER'S MAIDEN NAME Ellen Alderson			14. NAME OF HUSBAND OR WIFE -----		
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME J. J. Bigham, Gower, Missouri		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis						INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
		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. Fracture Hip						3 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222 F		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 <input type="checkbox"/> 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 **1951**, to **June 6, 1954**, that I last saw the deceased alive on **June 5, 1954**, and that death occurred at **1:15 a. m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Bigham M.D.		23b. ADDRESS Platte County, Mo		23c. DATE SIGNED June 8 54	
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24a. BURIAL OR CREMATION REMOVAL (Specify) burial		24b. DATE 6/8/1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
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DATE REC'D BY LOCAL REG. June 9/54		REGISTRAR'S SIGNATURE Eligible deceased		25. FUNERAL DIRECTOR'S SIGNATURE Hester-Brown Funeral Home		ADDRESS St. Joseph, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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 *W.E. Elmsater*.....

Licensed Embalmer No. *4791*

P. O. Address *319 S. 14th St.*

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.