

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16326

State File No.

4439

205E

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>129</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY OR TOWN <u>Clark</u>		c. LENGTH OF STAY (in this place) <u>52 years</u>		c. CITY OR TOWN <u>Clark</u>		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 <u>None</u>				STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) <u>BURTON</u> c. (Last) <u>DEFIGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May - 24 - 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug - 19 - 1873</u>	
9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>81</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia Missouri</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel DeFigh</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bowne</u>		14. NAME OF HUSBAND OR WIFE <u>Stella DeFigh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, 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 AND ADDRESS <u>Mrs. Stella DeFigh Clark MO.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis & myocardial infarct</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u> <u>10 min</u> <u>Unknown</u>
19a. DATE OF OPERATION		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) (Min.)		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 <u>3-17</u> , 19 <u>55</u> , to <u>5-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-24</u> , 19 <u>55</u> , and that death occurred at <u>9:00</u> Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry J. Stewart D.O.</u>				23b. ADDRESS <u>Sturgeon, Mo</u>		23c. DATE SIGNED <u>5-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>		24b. DATE <u>May 24 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Clark MO.</u>	
DATE REC'D BY LOCAL REG. <u>May 26 - 55</u>		REGISTRAR'S SIGNATURE <u>Leavelle</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>R. M. Cater Moberly Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

850

JUN 21 1956

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 *P. M. Carter*.....

Licensed Embalmer No. *411*.....

P. O. Address *Moberly*.....

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.