

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25031

State File No.

FILED AUG 3-1955

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dudley</u>	c. LENGTH OF STAY (in this place) <u>33 years</u>	c. CITY OR TOWN <u>Dudley</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Route 1 Duck Creek Twp.</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1 Duck Creek Twp</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lousinda</u> b. (Middle) <u>NMI</u> c. (Last) <u>Pigg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 7, 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Green Co. Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Kinnel</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Sutton</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>X X X X X X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Essa Hancock Dudley, Mo. R. 1</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Chronic glomerulo-nephritis</u>		<u>10 years</u> <u>5 yrs</u>
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	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)	21e. INJURY OCCURRED WHILE AT 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 August, 1954, to July, 1955, that I last saw the deceased alive on 7/25, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. Comelan</u>	(Degree or title)	23b. ADDRESS <u>M. H. Dexter PFD 1</u>	23c. DATE SIGNED <u>7/30/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Hill cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ash Hill, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8/1/55</u>	REGISTRAR'S SIGNATURE <u>Pearl Green</u>	490	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins & Sons</u>	ADDRESS <u>Dexter, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1030

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 *Mark Watters*

Licensed Embalmer No. *4777*

P. O. Address *Deerfield*

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.