

FILED NOV 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35784**
Registrar's No. **70**

BIRTH NO. _____		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 6244		Registrar's No. 70		
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington				
b. CITY OR TOWN Cadet.		c. LENGTH OF STAY (in this place) lives		c. CITY OR TOWN Cadet		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Union Twp.				e. STREET ADDRESS (If rural, give location) Union Twp.				
3. NAME OF DECEASED a. (First) Stephen			b. (Middle) Pigette		c. (Last) Pigette			
4. DATE OF DEATH October, 27 1955			5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 10-1-1877		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 26		IF UNDER 1 HR. Hours 0 Min. 26		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tiff miner		10b. KIND OF BUSINESS OR INDUSTRY Tiff mines		11. BIRTHPLACE (City and State or Foreign Country) Old Mines, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Robert Pigette		13b. MOTHER'S MAIDEN NAME Julia Dean		14. NAME OF HUSBAND OR WIFE Mary Pigette				
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. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Mollie Hudson ADDRESS Cadet, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart lesion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4/2/4 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma, Chronic Bronchitis				INTERVAL BETWEEN ONSET AND DEATH		
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)		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 May 6, 1955 , to Oct. 27, 1955 , that I last saw the deceased alive on Oct 25, 1955 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Joseph L. Plummer (Degree or title) MD				23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED 10-29-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-31-1955		24c. NAME OF CEMETERY OR CREMATORY St Joachims Cemetery		24d. LOCATION (City, town, or county) (State) Old Mines, Mo		
DATE REC'D BY LOCAL REG. 10/29/55		REGISTRAR'S SIGNATURE Herbert W. ...		25. FUNERAL DIRECTOR'S SIGNATURE Arthur W. ...		ADDRESS Potosi, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 1 1950

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Mary M. Smith*

Licensed Embalmer No. *43*

P. O. Address *Potosi, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.