

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23182**

FILED AUG 13 1956

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>234</u>				
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>11 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		<u>2640</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 Chestnut</u>				d. STREET ADDRESS (If rural, give location) <u>206 Chestnut St.</u>						
3. NAME OF DECEASED (Type or Print) <u>Nora Nettie Pigg</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 6, 1982</u>		9. AGE (In years last birthday) <u>74</u>	# ORDER YEAR <u>1</u>	# ORDER DAY <u>2</u>	# ORDER HOUR <u>2</u>	# ORDER MIN. <u>0</u>
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>OWN</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Emporia, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Bish</u>			13b. MOTHER'S MAIDEN NAME <u>Sylvia Chaplin</u>			14. NAME OF HUSBAND OR WIFE <u>Clarence Pigg</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Pigg, Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity and myocardial infarct</u>						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>332x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>7-1, 1956</u> to <u>8-8, 1956</u> , that I last saw the deceased alive on <u>8-8, 1956</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>J. J. ... M.D.</u>				23b. ADDRESS <u>515 E. High St. J.C.</u>				23c. DATE SIGNED <u>8-8-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 10, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>9 Aug 1956</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MR</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Balesch</u>			ADDRESS <u>J.C. Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 2701

P. O. Address Jefferson City

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