

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37717

STATE FILE NUMBER

FILED NOV 19 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1039

Health, Welfare, Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

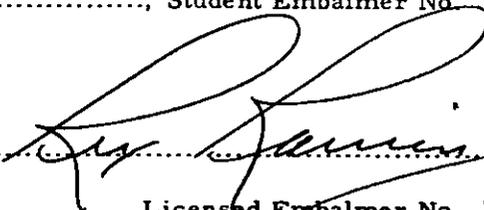
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield <u>0396</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital.			Length of stay in lb 15 years		d. STREET ADDRESS (If outside, give location) 1839 W. High			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) William E. Stigall First Middle Last				4. DATE OF DEATH November 13, 1956 Month Day Year									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 2-1872		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building contractor				10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and state or country) Texas County, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME John Stigall						14. MOTHER'S MAIDEN NAME Caroline Lynch							
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 Earl Stigall--Springfield, Mo. Address							
18. CAUSE OF DEATH [Enter only one cause per list in (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Renal Vascular Disease										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from 2-18-53 to 11-13-56 and last saw him alive on 11-12-56 Death occurred at 11:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE [Signature] (Print name or title)						22b. ADDRESS Springfield Med Bldg Springfield Mo			22c. DATE SIGNED 11-15-56				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-15-1956		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery			23d. LOCATION (City, town, or county) (State) Springfield, Missouri.						
24. FUNERAL DIRECTOR [Signature] ADDRESS Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 11-16-56				26. REGISTRAR'S SIGNATURE [Signature]					

(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 
Licensed Embalmer No. 331

P. O. Address Springfield

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.