S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9351

FILED MAR 26 1957

BIRTH NO. _____ REG. DIST. NO. 700 PRIMARY REG. DIST. NO. 3041 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Davis
c. CITY OR TOWN: Bloomfield
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 106 East South St. 8140 8

3. NAME OF DECEASED (Type or Print)
a. (First): ODA
b. (Middle): HANNIBAL
c. (Last): FIGGE

4. DATE OF DEATH (Month) (Day) (Year): Mar. 12 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 20, 1894
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (City and State or Foreign Country): Downing, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Figge
13b. MOTHER'S MAIDEN NAME: Elizabeth Elschlager
14. NAME OF HUSBAND OR WIFE: Ruby Willingham Figge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.: 478-16-0415
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ruby Figge — ADDRESS: Bloomfield, Ia.

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) angina pectoralis — INTERVAL BETWEEN ONSET AND DEATH: 6 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary artery thrombosis — 3mo.

DUE TO (c) old myocardial infarction

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 4 2.0 1
20. AUTOPSY? YES [ ] NO [X] 2

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 12 1957, *to* _____, 19____, *that I last saw the deceased alive on* Mar. 12 1957, *and that death occurred at* 3:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. L. Durden D.O.
23b. ADDRESS: Macon, Missouri
23c. DATE SIGNED: 3/14/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-15-1957
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Bloomfield Iowa

DATE REC'D BY LOCAL REG.: 3/20/57
REGISTRAR'S SIGNATURE: Cecil M. Neely
25. FUNERAL DIRECTOR'S SIGNATURE: R. Leslie Brian
ADDRESS: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

185
0

Date Filed 3-25-57

FEB 27 1953

APR 4 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Lester Bram

Licensed Embalmer No. 447

P. O. Address Macon,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.