V.S. No. 300
Rev. 10.48

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13344

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1878

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo.
c. LENGTH OF STAY (in this place): 11 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4202 Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonner Springs 815 0 3
d. STREET ADDRESS (If rural, give location): 224 S. Nettleton

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Adeline
c. (Last): Pigg

4. DATE OF DEATH (Month) (Day) (Year): Apr 20 1957

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Mar 25 1871
9. AGE (In years last birthday): 86 — If under 1 year: Months ~~0~~ Days ~~25~~ — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Orrick, Missouri
12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Mary Ann Allen
14. NAME OF HUSBAND OR WIFE: George Pigg (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 514-03-3312a
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elizabeth Clear
ADDRESS: Bonner Spgs. Ks.

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) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: approx 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic —
DUE TO (c) Hypertensive Heart Dis. — approx 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4200'

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑ 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 April, 1956 to Apr. 20, 1957, that I last saw the deceased alive on Apr. 20, 1957, and that death occurred at 4:30 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): G. L. O'Connell M.D.
23b. ADDRESS: 12714 So. 71 Hiway Grandview Mo.
23c. DATE SIGNED: 4/21/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr 23 1957
24c. NAME OF CEMETERY OR CREMATORY: Bonner Springs Cemetery
24d. LOCATION (City, town, or county) (State): Bonner Springs Kans.

DATE REC'D BY LOCAL REG.: 4-21-57
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: Ward Harrington
ADDRESS: Bonner Spgs Kans.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
G. L. O'Connell

KP 2

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed H Simmons

Signed.....
Student Embalmer

Licensed Embalmer No. 3903

P. O. Address KCK

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.