

pt. Health,
, & Welfare
S. Public
alth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015283

FILED MAY 6 1958

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 6962 Registrar's No. 28

S. 300
ev. 1-57

830

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte <i>0230</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Marshall Township
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mile S. DeKalb		Length of stay in lb 41 years	d. STREET ADDRESS (If outside, give location) 6 mile S. DeKalb
3. NAME OF DECEASED (Type or print) First William Middle Edgar Last Bigham			4. DATE OF DEATH Month 4 Day 28 Year 1958
5. SEX male <i>0</i>	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 12-15-1881
9. AGE (In years for birthday) 76		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Platte Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Todd Bigham	
13b. MOTHER'S MAIDEN NAME Alice Pepper		14. NAME OF HUSBAND OR WIFE Ann Vandrell	
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 Mrs. W. E. Bigham		Address Dekalb, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			151X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from August 17 1956 and last saw her alive on 4-27-58 Death occurred at 2:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. E. Bigham</i> (Degree or title) D.O.		22b. ADDRESS Weston, Mo	
22c. DATE SIGNED 4-29-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-30-58	
23c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Cem.		23d. LOCATION (City, town, or county) (State) Weston, Missouri	
24. FUNERAL DIRECTOR Vaughn Funeral Home		ADDRESS Weston, Mo	
25. DATE RECD. BY LOCAL REG. 4-29-1958		26. REGISTRAR'S SIGNATURE <i>Uphila Rollins</i>	

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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
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.