

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025254

STATE FILE NUMBER

FILED JUL 28 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 845

S. 300
1-57

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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

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION 411 E GRAND RIVER 3 WKS. Length of stay in lb		d. STREET ADDRESS (If outside, give location) 411 E GRAND RIVER Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last FRED CARSON BIGLER		4. DATE OF DEATH Month Day Year 7-24 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-30-1888
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) POLK Co mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HENRY BIGLER 13b. MOTHER'S MAIDEN NAME JULIA CARSON 14. NAME OF HUSBAND OR WIFE LUCY BIGLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 500-01-6674 17. INFORMANT Address Mrs Lucy Bigler Clinton mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 151X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 M
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK	
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 July 1 400 A to July 24 and last saw him alive on July 24, 1958 Death occurred at Clinton on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. Walker		22b. ADDRESS Clinton Mo 22c. DATE SIGNED 7-25-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/27/58 23c. NAME OF CEMETERY OR CREMATORY HUMANSVILLE 23d. LOCATION (City, town, or county) (State) HUMANSVILLE MO	
24. FUNERAL DIRECTOR J E Connelley ADDRESS Clinton		25. DATE RECD. BY LOCAL REG. 7-25-58 26. REGISTRAR'S SIGNATURE Mildred Bigum	

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 *Eugene R. Canale*

Licensed Embalmer No. *4680*

P. O. Address *Clinton, 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.