

FILED SEP 5 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Grandview |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center | | Length of stay in 1b Life | d. STREET ADDRESS 11508 Blue Ridge Ext. |
| 3. NAME OF DECEASED (Type or print) First Baby Middle Boy Last Pigg | | 4. DATE OF DEATH August 6, 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-5-58 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | 9. AGE (In years) IF UNDER 1 YEAR: Months 16 Days 20 IF UNDER 24 HRS.: Hours 16 Min. 20 |
| 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John David Pigg | | 13b. MOTHER'S MAIDEN NAME Irene Helen Burns | 14. NAME OF HUSBAND OR WIFE none |
| 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 Mrs. Irene Pigg Address Grandview 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) Massive Atelectosis, Cerebral Hemorrhage <i>petichial</i> | | | INTERVAL BETWEEN ONSET AND DEATH 7600 |
| 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 (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. 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 8-5-58 to 8-6-58 and last saw her alive on 8-6-58 . Death occurred at Menorah Hosp on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Robert L. Hanes M.D. (Degree or title) | | 22b. ADDRESS 751 E 63rd St | 22c. DATE SIGNED 8-15-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 8-6-58 | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR Body was signed over to Menorah Medical Center, Kansas City, Mo. Dept. of Pathology for scientific studies. | | | |
| 25. DATE RECD. BY LOCAL REG. 8-18-58 | | 26. REGISTRAR'S SIGNATURE Neva Minshall | |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



Subscribed

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.....

P. O. Address

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.