

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009773
STATE FILE NUMBER

FILED APR 10 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 160

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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 Independence | | c. CITY OR TOWN Independence 700 5/6 | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. San. & Hosp. | | d. STREET ADDRESS (If outside, give location) 1620 W. Short | |
| 3. NAME OF DECEASED (Type or print) First LEWIS Middle EDMUND Last BIGLER | | 4. DATE OF DEATH Month April Day 2 Year 1959 | |
| 5. SEX Male | 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 Oct. 1, 1882 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter and Paper Hanger | | 11. BIRTHPLACE (City and state or country) New Philadelphia, Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME John F. Bigler | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Clara Lohmolder Bigler |
| 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 Rob't. C. Bigler, 1525 So. Home, Indep., 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) Cardiac Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis of Heart Disease DUE TO (c) Unknown | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | 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 5:00 Month 3 Day 22 Year 1959 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION Independence | | 20f. COUNTY Jackson STATE Missouri | |
| 21. I attended the deceased from 3/22/59 to 4/2/59 and last saw him alive on 4/2/59 Death occurred at 5:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Wm. C. Lohmolder | |
| 22b. ADDRESS 10901 W. Emerald Indep. Mo. | | 22c. DATE SIGNED 4/2/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE April 4, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery | 23d. LOCATION (City, town, or county) (State) Independence, Missouri |
| 24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Independence, Mo. | | 25. DATE RECD. BY LOCAL REG. 4-4-59 | 26. REGISTRAR'S SIGNATURE James J. Criss |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Evan M. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Indy, 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.