

DI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014642

FILED VS APR 18 1960 *77*

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. *4140* Registrar's No. *2*

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Cole</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Eugene</i>		Length of stay in 1b <i>3 yrs.</i>	c. CITY OR TOWN <i>Eugene</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>_____</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Clarence</i> Middle <i>Perry</i> Last <i>Pigg</i>			4. DATE OF DEATH Month <i>March</i> Day <i>28</i> Year <i>1960</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-2-1883</i>	9. AGE (last birthday) <i>76</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Grocer & Airson Guard (ret.)</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>_____</i>	11. BIRTHPLACE (City and state or country) <i>Columbia, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Stephen W. Pigg</i>	13b. MOTHER'S MAIDEN NAME <i>Margaret Goslin</i>	14. NAME OF HUSBAND OR WIFE <i>Eva Pigg</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	16. SOCIAL SECURITY NO. <i>490-14-7528</i>	17. INFORMANT <i>Eva Pigg</i> Address <i>Eugene, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>MYOCARDITIS</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 YRS.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>CARDIO RENAL VASCULAR DISEASE</i>		<i>10 YRS.</i>
	DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>BRONCHIAL PNEUMONIA AND BRONCHIAL ASTHMA</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) <i>_____</i>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year: _____
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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.) <i>_____</i>	20f. CITY, TOWN, OR LOCATION <i>_____</i>	COUNTY <i>_____</i>	STATE <i>_____</i>
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21. I attended the deceased from *3-28-60* to *3-28-60* and last saw *her* him alive on *3-28-60*
Death occurred at *9:20* *P.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE <i>H.S. Humphreys P.O.</i> (Degree or title)	22b. ADDRESS <i>TUSCUMBIA, Mo.</i>	22c. DATE SIGNED <i>4-8-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Mar. 31 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rocky Fork</i>	23d. LOCATION (City, town, or county) <i>Columbia, Mo.</i> (State)
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24. FUNERAL DIRECTOR <i>Louis D. Phillips</i> ADDRESS <i>Eldon, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>12 April 1960</i>	26. REGISTRAR'S SIGNATURE <i>R.P. Harris, Md. Richter, Dep.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by Don E. Phillips Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips
Signature of Student Embalmer

Signed James W. Phillips
Licensed Embalmer No. 3663

P. O. Address Co. 2nd

-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.