

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031693

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 256

FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville, Mo.</u>		c. CITY OR TOWN <u>Kirksville</u>	
Length of stay in 1b <u>2 month</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>408 S. Fible</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Edgar</u> Middle <u>Lorenz</u> Last <u>Bigsby</u>			4. DATE OF DEATH Month <u>9</u> Day <u>6</u> Year <u>61</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 1-1909</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Administrator at Laughlin Hospital</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laughlin Hospital</u>	11. BIRTHPLACE (City and state or country) <u>Bloomfield, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Aura C. Bigsby</u>	13b. MOTHER'S MAIDEN NAME <u>Bess Lorenz</u>	14. NAME OF HUSBAND OR WIFE <u>Roberta Phelps Bigsby</u>
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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) <u>no</u>	17. INFORMANT Address <u>Roberta Bigsby, 408 S. Fible, Kirksville, Mo</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
IMMEDIATE CAUSE (a) <u>Mitral Stenosis and Insufficiency</u>		
DUE TO (b) <u>Aortic and Mitral Endocarditis</u>		
DUE TO (c) <u>Rheumatic Fever age 12</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	
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 8-20-61 to 9-6-61 and last saw him live on 9-6-61
Death occurred at 12:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Richard P. Calverless</u> (Degree or title)	22b. ADDRESS <u>Laughlin Hospital Kirksville</u>	22c. DATE SIGNED <u>9-10-61</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 8, 61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Llewellyn</u>	23d. LOCATION (City, town, or county) <u>Kirksville, Mo.</u>
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24. FUNERAL DIRECTOR <u>Dee Riley Funeral Home, Inc.</u> <u>WK Jackson</u>	ADDRESS <u>Kirksville Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 10, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Gatliff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF DOCUMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 3 1967

RICHARD P. VALUER, D.O.

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 Wesley E. Hoyle

Licensed Embalmer No. 4890

P. O. Address Keokuk, Ia

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.