

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8156

No. 300
10.48 FILED APR 7 1952

State File No. 877

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4215		Registrar's No. 877	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE MO c. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROWNINGTON		c. LENGTH OF STAY (In this place) 10 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROWNINGTON		d. STREET ADDRESS (If rural, give location) 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				d. STREET ADDRESS (If rural, give location) 0420			
3. NAME OF DECEASED (Type or Print) IDA MAY BIGLAR			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAR 29 1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED		8. DATE OF BIRTH 9/25/1897	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION HOUSEWORK		11. BIRTHPLACE (State or foreign country) HENRY Co MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME HIRAM BIGLAR		13b. MOTHER'S MAIDEN NAME FRANCIS HANRAHAN		14. NAME OF HUSBAND OR WIFE			
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. 0		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Biglar Brownington MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dead on arrival death immediately antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) My Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				4201	
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. S. Hallingwood M.D.				23b. ADDRESS Clinton Missouri		23c. DATE SIGNED 3/31/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/31/52		24c. NAME OF CEMETERY OR CREMATORY C.E.M. Brownington		24d. LOCATION (City, town, or county) (State) MO	
DATE REC'D BY LOCAL REG. Mar 31-52		REGISTRAR'S SIGNATURE Florence Adams		1422		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. E. Consalus Clinton MO	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4201

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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
Student Embalmer

Signed J. E. Conner

Licensed Embalmer No. 1891

P. O. Address Christon 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 this body is not embalmed, fact should be so stated above.