

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-001092

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 11

300
 1-57

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|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY HENRY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | c. CITY OR TOWN Clinton MO | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 604 E OHIO | | d. STREET ADDRESS (If outside, give location) 604 E OHIO | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ROBERTA MAXINE SMITH BIGGS | | 4. DATE OF DEATH Month Day Year 1-9-1959 | |
| 5. SEX FEMALE | 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 5/6/1919 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 39 |
| 11. BIRTH PLACE (City and state or country) BATES County MO | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Wm EDWARD SMITH | | 13b. MOTHER'S MAIDEN NAME NOTA SHELTON | |
| 14. NAME OF HUSBAND OR WIFE, MAXIE BIGGS | | 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. 500-38-3286 | | 17. INFORMANT Maxie Biggs | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun Shot Wound - self inflicted | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH Instant | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976x | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) self inflicted "38 special Pistol" wound - done at home. | |
| 20c. TIME OF INJURY Hour 11:00 AM 1-9-1959 p.m. | | 20d. INJURY OCCURRED WHILE AT <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.) Clinton | | 20f. CITY, TOWN, OR LOCATION Clinton | |
| 20g. COUNTY Henry | | 20h. STATE MO | |
| 21. I attended the deceased from D.O.A. to _____ and last saw her alive on 1-9-59 Death occurred at 7:15 pm on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Walter Brashkan, MD. | | 22b. DATE SIGNED 1/9/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 1/12/1959 | |
| 23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM | | 23d. LOCATION (City, town, or county) Clinton MO | |
| 24. FUNERAL DIRECTOR Consalus, Clinton | | 25. DATE RECD. BY LOCAL REG. 1-12-59 | |
| 26. REGISTRAR'S SIGNATURE Mildred Biggs | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 1 1 1959

OCT 21 1960

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 Eugene R. Conahan

Licensed Embalmer No. 4680 P. O. Address Clinton, 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.