MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–028344
STATE FILE NUMBER

FILED VS SEP 2 1959 47 Registration District No. Primary Registration District No. 3008 Registrar's No. 226

DDED

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton
Length of stay in 1b: 6yrs.1mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital No. 1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 702 N. 8th St.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First ALICE Middle EUGENIA Last LIGON

4. DATE OF DEATH: Month August Day 23 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-19-1886
9. AGE (last birthday): 73 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Home***
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Collier Davidson
13b. MOTHER'S MAIDEN NAME: Eugenia Tucker
14. NAME OF HUSBAND OR WIFE: Charles Franklin Ligon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk.
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: State Hospital No. 1; Fulton, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive heart disease
DUE TO (c): Dyspnoea with cerebral atherosclerosis
INTERVAL BETWEEN ONSET AND DEATH

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.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ☒ attended the deceased from July 27, 1953 to August 23, 1959 St. Hosp. #1
Death occurred at 11:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward R Teller
22b. ADDRESS: Edward R. Tellez, M.D.; State Hosp. #1; Fulton, Mo.
22c. DATE SIGNED: 8-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: August 27, 1959
23c. NAME OF CEMETERY OR CREMATORY: Old Cedar
23d. LOCATION (City, town, or county) (State): Callaway County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service Columbia, Mo
25. DATE RECD. BY LOCAL REG.: Aug-25-1959
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

SEP 3 0 1959

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Chas L Lacey

Licensed Embalmer No. 4132

P. O. Address Glendale, [illegible]

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