

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-039634

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 255

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 8 1965

VS 300
Rev. 4/59

1 0425
2 0420
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4 0
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9420.1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

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		Length of stay in 1b 30 min	c. CITY OR TOWN Deepwater
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Deepwater
3. NAME OF DECEASED (Type or print) First Middle Last Seth Bigler		4. DATE OF DEATH Month Day Year Oct 30 1965	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-6-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Packing House	9. AGE (last birthday) 72
13a. FATHER'S NAME John C Bigler		13b. MOTHER'S MAIDEN NAME Anna Simmons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#1		17. INFORMANT Clara Bigler	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Myocardial Insufficiency		1 1/2 hours	
DUE TO (c) Acute Coronary Artery Occlusion		1 1/2 hours	
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.)	
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 <u>7-1-65</u> to <u>10-30-65</u> and last saw <u>him</u> alive on <u>10-30-65</u> . Death occurred at <u>9:16 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. L. Glespy D.O.		22b. ADDRESS Clinton Mo.	
22c. DATE SIGNED 11/1/65			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-2-65	23c. NAME OF CEMETERY OR CREMATORY Memory Gardens	
24. FUNERAL DIRECTOR ADDRESS Sickman & Dunning Clinton Mo		23d. LOCATION (City, town, or county) (State) Clinton Mo	
25. DATE RECD. BY LOCAL REG. Nov. 2, 65		26. REGISTRAR'S SIGNATURE Mildred Bigim	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

MAR 11 1966
MAY 23 1965

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 STANLEY J. SICKMAN, Student Embalmer No. 750

working under my personal supervision.

Student

Stanley J. Sickman
Signature of Student Embalmer

Signed

R. L. Dunning

Licensed Embalmer No. 4710

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.

Permit Obtained 11-2-65 MB