FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35657

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1319

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos. 14 days (Specify whether years, months or days)
In this community 5 months 14 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Atchison 3
(c) City or town: Tarkio 2 (If outside city or town limits, write "RURAL")
(d) Street No.: 5th Poplar 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: JOSEPH BUCK GIGOUS.
3. (b) If veteran, name war: --
3. (c) Social Security No.: --
4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: 1 (Month) – 2 (Day) – 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	80	11	9	hr. min.

9. Birthplace: Unknown (City, town, or county) United States (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Common Labor.
MOTHER FATHER
12. Name: Joseph Buck Gigous
13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Mary E. Barber
15. Birthplace: Unknown (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Mrs. J. C. Henson & Mrs. Jack Barrett
(b) Address: 5th Poplar & 402 Park Tarkio Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Tarkio Mo.
18. (a) Signature of funeral director: Helton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 12-9-48 (Date received by local registrar) (b) Carl E. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1948 hour 7 minute 55 P.M.
21. I hereby certify that I attended the deceased from 6-23-1948 to 12-7-1948 that I last saw him alive on 12-7-1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	30 years
Due to: arterio sclerosis	40 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Convulsions & Cerebral hemorrhage	18 years

Major findings:
Of operations:
Of autopsy: yes

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Forrest Thomas (M. D. or other)
Address: State Hospital No. 2 Date signed: 12-7-48
by Morraway O.D.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Danny O. Zicker, Registered Apprentice No. 247 working under my personal supervision.

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S 7th St Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.