

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40354**

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5136</u>		Registrar's No. <u>449</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Butler County</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Butler</u>		admission. <u>12</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Harviell</u>		c. LENGTH OF STAY (in this place) <u>45 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Harviell</u>		d. <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Jane</u>	b. (Middle) _____	c. (Last) <u>Figg</u>	(Month) <u>Dec.</u>	(Day) <u>4</u>	(Year) <u>1949</u>	Female	6. COLOR OR RACE <u>white</u>
(Type or Print)							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>4-18-1867</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Carmago Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Harmie Ingram</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Bolin</u>			14. NAME OF HUSBAND OR WIFE <u>George Figg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vernice Humphries</u>		ADDRESS <u>Harviell</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>chronic</u>					
		DUE TO (c) <u>general senility</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>✓</u> (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 10</u> , 19 <u>49</u> , to <u>Dec 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 10</u> , 19 <u>49</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. Whitman M.D.</u>				23b. ADDRESS <u>Naylor Mo.</u>		23c. DATE SIGNED <u>Dec 8 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 7</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinsey</u>		24d. LOCATION (City, town, or county) (State) <u>Butler County</u>	
DATE REC'D BY LOCAL REG. <u>Dec 10 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home</u> ADDRESS <u>Naylor, Mo.</u>			

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BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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 Suzanne Mc Cord .....

Licensed Embalmer No. 4879 .....

P. O. Address Naylor, 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.