

104
6

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

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Boone</u> <u>6/04</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (in this place) <u>2 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Blair</u> c. (Last) <u>Pigg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> <u>10</u> <u>1950</u>	
5. SEX <u>mo</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July-3, 1886</u>
9. AGE (In years, last birthday) <u>63</u>		10. KIND OF BUSINESS OR INDUSTRY <u>musical teacher</u>	11. BIRTHPLACE (State or foreign country) <u>Vandalia Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George W. Pigg</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Brantlett</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>World War I</u>	
16. SOCIAL SECURITY NO. <u>498-10-5412</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Mochly</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>coronary occlusion</u> <u>hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
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) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 15, 1949</u> , to <u>Jan 10, 1950</u> , that I last saw the deceased alive on <u>Jan 10, 1950</u> and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry M. Griffith, M.D.</u>		23b. ADDRESS <u>Columbia Mo</u>	
23c. DATE SIGNED <u>Jan 10, 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>Jan 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia</u>	
24d. LOCATION (City, town, or county) (State) <u>Vandalia Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hughes Mansfield</u>	
DATE REC'D BY LOCAL REG <u>Jan 10, 1950</u>		ADDRESS <u>Upperville Mo</u>	
REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		31	

JAN 31 1950

District File Number

District Health Officer No. 9,

RECEIVED JAN 26 1950

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 Hughes Maupin

Licensed Embalmer No. 2358

P. O. Address Amxvasse, 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.