

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12846

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1510

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo b. COUNTY Ja.

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Northeast Osteo. Hospital

d. STREET ADDRESS (If rural, give location) 9145 Wornall Rd., 3938

3. NAME OF DECEASED (Type or Print)  
a. (First) PAUL b. (Middle) \_\_\_\_\_ c. (Last) BIGALKE

4. DATE OF DEATH (Month) (Day) (Year)  
3/31/50

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 1/1/1875

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer clerk

10b. KIND OF BUSINESS OR INDUSTRY grocery

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Unk.

13b. MOTHER'S MAIDEN NAME Unk.

14. NAME OF HUSBAND OR WIFE no

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Affeld 7702 Wornall Rd.,

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypostatic pneumonia  
ANTECEDENT CAUSES Carcinoma of Esophagus  
Morbidity 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.

INTERVAL BETWEEN ONSET AND DEATH  
48 hrs  
1 yr.  
150+

19a. DATE OF OPERATION March 7 1950

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Esophagus

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 1950, to March 31, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 8:02 p. m., from the causes and on the date stated above.

23a. SIGNATURE F. W. Thompson (Degree or title)

23b. ADDRESS 205 Bryant Bldg

23c. DATE SIGNED 4-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/3/50

24c. NAME OF CEMETERY OR CREMATORY Holden, Mo.

24d. LOCATION (City, town, or county) (State) Holden, Mo.

DATE REC'D BY LOCAL REG. 4-1-50 REGISTRAR'S SIGNATURE Heraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, Kansas City, Mo.

(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 \_\_\_\_\_

*Richard E. Carroll*

Student Embalmer No. *368*

working under my personal supervision.

*Richard E. Carroll*  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.