

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 2 1951

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. NOV 15

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> <u>Peniscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Portageville</u>	c. LENGTH OF STAY (In this place) <u>20 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gideon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 2</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOVIE</u>	b. (Middle)	c. (Last) <u>PIGG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12, 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Maxey</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Runnels</u>	14. NAME OF HUSBAND OR WIFE <u>W. H. Pigg</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. H. Pigg</u>	ADDRESS <u>R. 1 Gideon, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension with cerebral hemorrhage - total paralysis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-24, 1951 to 10-24, 1951, that I last saw the deceased alive on 10-24, 1951, and that death occurred at 1P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Bland A. Chestnut, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Wardell, Mo.</u>	23c. DATE SIGNED <u>10-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-25-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Betnel</u>	24d. LOCATION (City, town, or county) (State) <u>Hickory Flat, Miss.</u>
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DATE REC'D BY LOCAL REG. <u>10-31-51</u>	REGISTRAR'S SIGNATURE <u>John German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jimmy Osburn</u>	ADDRESS <u>Funeral Home Wardell, Mo.</u>
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11-51-272

Rec. NOV 1 1951

S. B. Beecher, M. D.  
Peniscot County Health Department,  
Caruthersville, 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.....

*James G. Johnson*

Licensed Embalmer No. 4185

P. O. Address. Warrenton, 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.