

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1954

REG. DIST. NO. 137

PRIMARY REG. DIST. NO. 3623

Registrar's No. 335

422
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Clinton	
c. LENGTH OF STAY (in this place) All Life		d. STREET ADDRESS (If rural, give location) 712 East Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION OHIO			
3. NAME OF DECEASED (Type or Print) a. (First) Malinda b. (Middle) C. c. (Last) Pigg		4. DATE OF DEATH (Month) (Day) (Year) March 20 1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 28, 1861
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Henry Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Pepton Parks		13b. MOTHER'S MAIDEN NAME Margaret M. Stevens	14. NAME OF HUSBAND OR WIFE James W. Pigg
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Eva Lutz Clinton	
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) Myocarditis INTERVAL BETWEEN ONSET AND DEATH 10 da	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis DUE TO (c)		3 yr	
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		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) 5021	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 Jan , 1954, to March 20, 1954 , that I last saw the deceased alive on 3-19, 1954 , and that death occurred at 7:40 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Clinton Mo	23c. DATE SIGNED 3-21-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 23 54	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Mo.
DATE REC'D BY LOCAL REG. Mar-23-54	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. E. Connelley Clinton, Mo.	

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 Engine B. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, Va.

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.