

No. 300
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FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36251
State File No. 56

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Milan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (in this place) 9hrs		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sullivan Co. Hospital		d. STREET ADDRESS (If rural, give location) 5 mi. East of Newtown	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Thomas c. (Last) Pigg			4. DATE OF DEATH (Month) (Day) (Year) Oct. 7 1954		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Apr. 14, 1878		9. AGE (In years last birthday) 76		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) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME J. Taylor Pigg		13b. MOTHER'S MAIDEN NAME Polly Tucker		14. NAME OF HUSBAND OR WIFE Maude 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maude Pigg Newtown, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete heart block					?
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) Non functioning AV node		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) Cause unknown		II. OTHER SIGNIFICANT CONDITIONS			
abdominal wall atherosclerosis		Conditions contributing to the death but not related to the disease or condition causing death.			20yrs±
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		arteriosclerosis			4330

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) m.		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 10-6, 1954, to 10-7, 1954, that I last saw the deceased alive on 10-6, 1954, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph E. Harris DO 2		23b. ADDRESS 2176 Second St Milan Mo		23c. DATE SIGNED 10-7-54	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Oct 10 - 1954		24c. NAME OF CEMETERY OR CREMATORY Center Grove	
				24d. LOCATION (City, town, or county) (State) Country MO	

DATE REC'D BY LOCAL REG. 10-12-1954		REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320		25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
				Rt. 149	

(Licensed Embalmer's Statement on Reverse Side)

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

1951 2 2 708

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 *T. Howard [Signature]*

Licensed Embalmer No. *1240*

P. O. Address *New London*

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.