

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7531

State File No.

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale,</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Hale,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, north part town</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>North part town.</u> 0170	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ollen</u>	b. (Middle)	c. (Last) <u>FIGG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 16, 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17-1896</u>	9. AGE (In years last birthday) <u>58</u>	10. MONTH <u>9</u>	11. DAY <u>29</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Williamsburg Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Donald Figg</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Lucille Figg</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lucille Figg</u>	ADDRESS <u>Hale, Missouri</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, asphyxia, 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>Suicide</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Rope Around Neck</u> DUE TO (c) <u>tied to roofer in Barn</u>		
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>E974X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City - HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HALE HARRISMAN. CARROLL Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) <u>March 16-1955 7A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hanged with Rope Around Neck.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray Dickerson 3rd Coroner</u>	23b. ADDRESS <u>Donard Mo.</u>	23c. DATE SIGNED <u>3/16/1955</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/18/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hale Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 18, 1955</u>	REGISTRAR'S SIGNATURE <u>Mae Rex Henderson</u> 49-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin,</u>	ADDRESS <u>Hale, Mo.</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Clifford W. Austin*

Licensed Embalmer No. 3233

P. O. Address... Tina, Missoula

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.