

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25887

State File No. _____

FILED SEP 12 1956

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 2014 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY OR TOWN Rural: Jefferson Twp.		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 80 years		e. STREET ADDRESS (If rural, give location) R. R. #3	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 1/2 miles N.E. of St. Joseph, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) CONSTANT b. (Middle) EUGENE c. (Last) PANIGOT			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 16, 1875	9. AGE (In years Last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Eugene Panigot.	13b. MOTHER'S MAIDEN NAME Mary Groux	14. NAME OF HUSBAND OR WIFE Leona Ann Panigot
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 ADDRESS Mrs. Fred Castle, R. R. #3, St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	ANTECEDENT CAUSES Arteriosclerosis general		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			Unknown

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 8-11-, 1956, to 9-1-56, 19 , that I last saw the deceased alive on 8-11-, 1956, and that death occurred at 5:45p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) no	23b. ADDRESS 207 Phy& Surg. Bldg. St. Joseph, Missouri	23c. DATE SIGNED 9-1-56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/5/1956	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
		24d. LOCATION (City, town, or county) (State) Andrew County, Missouri

DATE REC'D BY LOCAL REG. 9-5-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Keaton-Brown St Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-0

(Licensed Embalmer's Statement on Reverse Side)

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 *James R. Hawkins*.....

Licensed Embalmer No. *4536*

P. O. Address *319 So 10th St*

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.