

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **32724**
Registration District No. **317** Primary Registration District No. **500** Registrar's No. **2037**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) Olivette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) Bonhomme Restorium			Length of stay in lb 2 1/2 yrs.		d. STREET ADDRESS (If outside, give location) 5285 Waterman		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) FLORA MAE BIGBY				4. DATE OF DEATH Aug. 28, 1956									
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 10, 1873		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Napoleon, Ohio			12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Benton Zollars					14. MOTHER'S MAIDEN NAME husband (dec'd) Susie Brown Archibald C. Bigby								
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 Fred S. Kelly, 15 Lindworth Dr. 17								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4500										INTERVAL BETWEEN ONSET AND DEATH 10 yrs.			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION Liberty Center, Ohio								
21. I attended the deceased from 8-24-56 to 8-28-56 and last saw her/him alive on 8-24-56 Death occurred at 6:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Norman C. Ross M.D.					22b. ADDRESS 1695 Brentwood Blvd.					22c. DATE SIGNED 8/28/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8/30/56		23c. NAME OF CEMETERY OR CREMATORY Young's Cemetery			23d. LOCATION (City, town, or county) (State) Liberty Center, Ohio						
24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd.					25. DATE RECD. BY LOCAL REG. 8/28/56		26. REGISTRAR'S SIGNATURE Heber R. Somke						

1695- Brewster

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 *jos. E. McCulloch*

Licensed Embalmer No. 246

P. O. Address 6775 D

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.