

FILED JUL 29 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 730

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Springfield 0396</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1230 E. Delmar</b>			Length of stay in lb <b>52 Yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>1230 E. Delmar</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <b>FRED</b>				First <b>FRED</b>		Middle <b>W.</b>		Last <b>STIGMAN</b>		4. DATE OF DEATH <b>July 19 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 13 1876</b>		9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED, Lumberman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Yard</b>		11. BIRTHPLACE (City and state or country) <b>Iowa</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>John Stigman</b>						14. MOTHER'S MAIDEN NAME <b>Mary Jane Alwyn</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT Address <b>Mrs. Agnes Stigman Springfield, Mo.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>										INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
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 (n) <b>4200</b>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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			COUNTY		STATE
21. I attended the deceased from <b>Jan 1957</b> to <b>July 19, 1957</b> and last saw <sup>her</sup> alive on <b>July 17 '57</b> Death occurred at <b>4:30 a. m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>James T Good MD</b>						22b. ADDRESS <b>Springfield, Mo</b>			22c. DATE SIGNED <b>7-19-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>7/22/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood</b>			23d. LOCATION (City, town, or county) <b>Springfield, Mo.</b>			(State)	
24. FUNERAL DIRECTOR <b>H.H. Lohmeyer</b>				ADDRESS <b>Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-25-57</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williams</b>			

(Licensed Embalmer's Statement on Reverse Side)

Death, self, public service

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Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Diseases in Part I must be causally related.

FEB 19 1958

**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 *W. Mc Cann*.....

Licensed Embalmer No. *27*.....

P. O. Address *Springfield*.....

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