

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006370
State File No.

FILED MAR 10 1958

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 79

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| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> | |
| c. LENGTH OF STAY (In this place) <u>60 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>73 Cherry St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>73 Cherry St.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>E. (Shockley)</u> c. (Last) <u>Bigelow</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1958</u> | | |
| 5. SEX <u>Fem.</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 8, 1872</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Charles Labar</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary E. Losh</u> | 14. NAME OF HUSBAND OR WIFE <u>Cecil Bigelow</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Pool, Chillicothe, Mo.</u> | ADDRESS _____ |
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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, asthma, 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>Chronic myocarditis</u> | | <u>?</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ | | <u>?</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u> | | <u>2-3 weeks</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>4221</u> |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from Aug, 1946, to Feb 26, 1958, that I last saw the deceased alive on Feb 25, 1958, and that death occurred at 5:50P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Joseph F. Gal</u> (Degree or title) _____ | 23b. ADDRESS <u>Chillicothe, Mo</u> | 23c. DATE SIGNED <u>2-28-58</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>3/1/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2/28/58</u> | REGISTRAR'S SIGNATURE <u>Frances B. Neill</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Gordon, Chillicothe, Mo.</u> | ADDRESS _____ |
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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
Student Embalmer

Signed Ronald Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, Mo.

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.