

with, welfare, public, vice

SPRINGFIELD, MISSOURI

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

J. W. Klingner & Co. STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 594

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2327 College St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DWIGHT Middle S. Last BIGBEE			4. DATE OF DEATH Month June Day 6 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 30, 1907
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		9b. KIND OF BUSINESS OR INDUSTRY Carpenter	9c. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME Wade B. Bigbee		13b. MOTHER'S MAIDEN NAME Olive E. Davidson	14. NAME OF HUSBAND OR WIFE
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. YES	17. INFORMANT Mary A. Lyons Address Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage probably due to a fall incurred while working on a house. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 9020 DUE TO (c) 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) Multiple contusions and abrasions			INTERVAL BETWEEN ONSET AND DEATH 19020 6
20a. ACCIDENT <input checked="" 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.) Fell off a house he was dismantling.	
20c. TIME OF INJURY Hour 10:00 a.m. Month, Day, Year June 5, 58		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) House		20f. CITY, TOWN, OR LOCATION Springfield 133 COUNTY Greene STATE Mo	
21. I attended the deceased from 10.00 AM on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 10.00 AM only on June 6, 58 and last saw her alive on 6-6-58			
22a. SIGNATURE Don Silsby MD (Degree or title)		22b. ADDRESS Springfield, Mo	
22c. DATE SIGNED 6-9-58		22d. LOCATION (City, town, or county) (State) Greene Co. Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-8-1958	
23c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery		23d. LOCATION (City, town, or county) (State) Greene Co. Missouri	
24. FUNERAL DIRECTOR J.W. KLINGNER & Co. ADDRESS Spfld. Mo.		25. DATE RECD. BY LOCAL REG. 6-12-58	
26. REGISTRAR'S SIGNATURE Effie G. Melton			

JUN 8 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 *Max Howard*

Licensed Embalmer No. *407*

P. O. Address *Spring*

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.