

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021519
STATE FILE NUMBER

X FILED JUL 14 1958 Registration District No. **128** Primary Registration District No. **2000** Registrar's No. **698**

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City 3708		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 Approx 2		d. STREET, (If outside, give location) ADDRESS 4102 Holly		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DAVID Middle DEAN Last BIGELOW				4. DATE OF DEATH Month July Day 6 Year 1958					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 21, 1945		9. AGE (In years last birthday) 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (City and state or country) Kansas City, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME W. H. Bigelow				14. MOTHER'S MAIDEN NAME Myra Lewis					
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 Mrs. W. H. Bigelow			Address Kansas City, 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) Asphyxiation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aspiration, blood + stomach content DUE TO (c) Extensive facial fracture + laceration PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 5 min.		
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.) Two car head-on collision						
20c. TIME OF INJURY 6:45 p.m.			Hour 7 Month 8 Day 58 Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		19. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, shop, etc.) Mo. State Highway #13			20f. CITY, TOWN, OR LOCATION 039		COUNTY Greene		STATE Mo
21. I attended the deceased from 6/13/58 to 6/17/58 and last saw him alive on 7-8-58 . Death occurred at 6/17/58 m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE F. Thomas Mollay				22b. ADDRESS 1636 S. Gleason				22c. DATE SIGNED 7-8-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/9/58		23c. NAME OF CEMETERY OR CREMATORY North Inman			23d. LOCATION (City, town, or county) (State) McPherson County Kansas		
24. FUNERAL DIRECTOR Ralph Thiemo				ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 7-8-58		26. REGISTRAR'S SIGNATURE Effie S. Melton	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard embalmers' form for all deaths due to natural causes. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Lee Mason*

Licensed Embalmer No. 4568

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.