RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-042729

STATE FILE NUMBER

FILED VS NOV 21 1960

Registration District No. 7 Primary Registration District No. 3040 Registrar's No. 216

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe
Length of stay in 1b: 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 83 Cherry Street
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ozark
c. CITY OR TOWN Wasola
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Ivan Middle: Henry Last: Bigelow

4. DATE OF DEATH Month: November Day: 11 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-1-1916
9. AGE (last birthday): 44
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Chillicothe, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ernest Bigelow
13b. MOTHER'S MAIDEN NAME: Myrtle Hunt
14. NAME OF HUSBAND OR WIFE: Vera B. Bigelow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-14-0978
17. INFORMANT: Mrs. I.H. Bigelow Address: Chillicothe Mo

MEDICAL CERTIFICATION

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 Carcinomatosis - Primary Site undetermined
INTERVAL BETWEEN ONSET AND DEATH: 4 months
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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 November 7, 1960 to Nov 11, 1960 and last saw him alive on Nov. 11, 1960
Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William L. Fair, M.D.
22b. ADDRESS Chillicothe, Mo
22c. DATE SIGNED 11/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-13-60
23c. NAME OF CEMETERY OR CREMATORY Edgewood
23d. LOCATION (City, town, or county) (State) Chillicothe, Mo.

24. FUNERAL DIRECTOR Norman Funeral Home ADDRESS Chillicothe, Mo
25. DATE RECD. BY LOCAL REG. Nov. 12, 1960
26. REGISTRAR'S SIGNATURE Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Elton F. Doerman

Signature of Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, M

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