

No. 300
10-48

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28196**

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Central St. Clair, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>3350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Andrew Lawn</u>	b. (Middle) <u>Lawn</u>	c. (Last) <u>Bigley</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7 26 50</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-19-1889</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 12 HRS. Min. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Jack Bigley</u>	13b. MOTHER'S MAIDEN NAME <u>Susie Blanton</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Bigley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>496-14-3435</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Bigley, Saint Clair, Missouri</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY HEMORRHAGE</u>		DUE TO (b) <u>FAR ADVANCED PULMONARY TUBERCULOSIS</u>		<u>??</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>YEARS</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>002X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 APRIL 25, 1950, to 7-26, 1950, that I last saw the deceased alive on 7-23, 1950, and that death occurred at 10:41 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John F. Veal, M.D.</u>	23b. ADDRESS <u>St. Clair, Mo.</u>	23c. DATE SIGNED <u>7-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/28/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F.</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Clair, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 29, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>St. Clair, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED
FEB 20 1910
F. B. S.

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

Frank Amalony

Student Embalmer No.

364

working under my personal supervision.

Frank Amalony
Student
Student Embalmer

Signed

W. Lerot

Licensed Embalmer No.

3601

P. O. Address

St. Clair, 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.