

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30588**
Registrar's No. **186**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

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

493

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 9 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 W. Seventh St.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
		d. STREET ADDRESS (If rural, give location) 209 W. Seventh St.	

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) MINERVA c. (Last) BIGGS			4. DATE OF DEATH (Month) (Day) (Year) Sept 24, 1951		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan 23, 1873		9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Ft. Scott, Kansas!	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Wm M. Simpkins		13b. MOTHER'S MAIDEN NAME Lydia S. Roath		14. NAME OF HUSBAND OR WIFE William H. Biggs	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.E. Neely, 411 S. McGregor, Carthage, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic interstitial		DUE TO (b) interstitial				10 yrs	
ANTECEDENT CAUSES		DUE TO (c) Hypertension				10 yrs	
II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION none		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) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 23, 1951**, to **Sept 24, 1951**, that I last saw the deceased alive on **Sept 24, 1951**, and that death occurred at **8:10 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Wood M.D.		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 9/25/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial of		24b. DATE Sept 26, 1951		24c. NAME OF CEMETERY OR CREMATORY Arthur Cemetery		24d. LOCATION (City, town, or county) (State) Jasper County, Missouri	
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DATE REC'D BY LOCAL REG. 9-26-51		REGISTRAR'S SIGNATURE L.B. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.	
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RECEIVED 10-5-51
Jasper County Health Office

County File Number 51/10/775

Date Filed 10-5-51

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 Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Carthage, 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.