

FILED MAY 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13681**

BIRTH NO. _____		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 4364		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stella		c. LENGTH OF STAY (in this place) 12 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort, Missouri		11680	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hospital				d. STREET ADDRESS (If rural, give location) P. 55A			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) Dudley			c. (Last) Biggs	
4. DATE OF DEATH		(Month) 4		(Day) 24		(Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY/24/1869		9. AGE (In years last birthday) 82 11 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Biggs			13b. MOTHER'S MAIDEN NAME Dicy Reed			14. NAME OF HUSBAND OR WIFE Cumi Biggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cumi Biggs, Rocky Comfort Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4202.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 4-23 , 19 52 to 4-24 , 19 52 , that I last saw the deceased alive on 4-24 , 19 52 , and that death occurred at 7:15 Am. , from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Stella Mo 5352		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/26/1952		24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cemetery		24d. LOCATION (City, town, or county) (State) Rocky Comfort Missouri	
DATE REC'D BY LOCAL REG. 5-3-1952		REGISTRAR'S SIGNATURE Alpha Dyer		25. FUNERAL DIRECTOR'S SIGNATURE W. M. Wheeler		ADDRESS _____	

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

0738

RECEIVED

District File Number

NEWTON COUNTY HEALTH UNIT

District File No. 552-77

Date Filed MAY 6 1952

NEOSHO, MISSOURI

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 James Kenneth Duncan

Licensed Embalmer No. 4967

P. O. Address Wheaton 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.