

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7718**

BIRTH NO. <b>FILED APR 12 1954</b>		REG. DIST. NO. <b>38</b>	PRIMARY REG. DIST. NO. <b>3006</b>	Registrar's No. <b>95</b>
1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b> <b>0100</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>McBaine</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Boone County Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route 1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EVERETT</b> b. (Middle) <b>ELMO</b> c. (Last) <b>Biggs</b>		4. DATE OF DEATH <b>April 4, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 2, 1879</b>	9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Boone County, Missouri. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>J.C. Biggs</b> 13b. MOTHER'S MAIDEN NAME <b>Alice Jones</b> 14. NAME OF HUSBAND OR WIFE <b>Mary Lela Proctor</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Harold W. Biggs, Columbia, Mo.</b> ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound of brain</b>  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 <b>3 hours</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>E976 X</b>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Columbia Boone Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4 4 54 10<sup>am</sup></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>.22 Calibre Rifle</b>
22. I hereby certify that I attended the deceased from <b>4/4/54</b> , 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at <b>2:45 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Henry H. Sweet JMD Coroner</b> (Degree or title)			23b. ADDRESS <b>Columbia Mo</b>	
23c. DATE SIGNED <b>4/4/54</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 6, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Columbia, Missouri.</b>				
DATE REC'D BY LOCAL REG. <b>Apr 6 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b> <b>31-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barber Funeral Service, Columbia, Mo.</b> ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

1961 AUG 4 8 00 AM

APR 7 1966

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.....  
Licensed Embalmer No. 48  
P. O. Address. Columbus

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.