

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29660

State File No.

BIRTH NO. _____ REG. DIST. NO. 573 PRIMARY REG. DIST. NO. 6269 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Ozark</u>		c. LENGTH OF STAY (in this place) <u>50 years</u>	c. CITY OR TOWN <u>Rural Ozark</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) <u>Frances</u> c. (Last) <u>Biggers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 21 1884</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrenceville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Delmyple</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Abernathy</u>	
14. NAME OF HUSBAND OR WIFE <u>Floyd Biggers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Biggers</u> ADDRESS <u>Rt#4 Marshfield Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic Cancer</u> DUE TO (c) <u>Adenocarcinoma of Pancreas</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Distensive Neoplasm of Left Vary. Type undetermined.</u>	
19a. DATE OF OPERATION <u>8/18/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>metastatic carcinoma</u>	
20. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		21. INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
22. INTERVAL BETWEEN ONSET AND DEATH <u>13 months</u>		23. INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
24. INTERVAL BETWEEN ONSET AND DEATH <u>?</u>		25. INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION <u>8/18/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>metastatic carcinoma</u>	
20. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		21. INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
22. INTERVAL BETWEEN ONSET AND DEATH <u>13 months</u>		23. INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
24. INTERVAL BETWEEN ONSET AND DEATH <u>?</u>		25. INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8/2/54</u> , 19 <u>54</u> , to <u>9/3/54</u> , 1954, that I last saw the deceased alive on <u>9/2</u> , 19 <u>54</u> , and that death occurred at <u>5:45 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J.M. Macdonnell M.D.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>	
23c. DATE SIGNED <u>9/7/54</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-6-1954</u>		24c. NAME OF CEMETERY <u>Pleasant Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Webster County MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Home</u> ADDRESS <u>Marshfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-10-54</u>		REGISTRAR'S SIGNATURE <u>J. Frances</u> 392	

(Licensed Embalmer's Statement on Reverse Side)

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

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, *Glen D. Williams*

Licensed Embalmer No. *465*

P. O. Address *Marshfield*

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.