

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

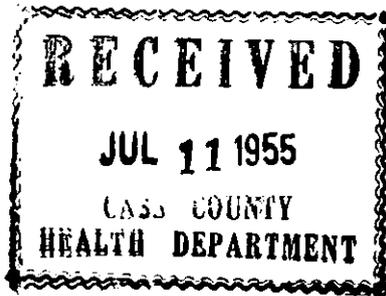
17994

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4099</u>		Registrar's No. <u>88</u>			
1. PLACE OF DEATH a. COUNTY <u>CASS</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>FLORIDA</u> b. COUNTY <u>Palm Beach</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>PLEASANT HILL</u>		c. LENGTH OF STAY (In this place) <u>2 Wks</u>		c. CITY OR TOWN <u>WEST PALM BEACH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>423 N. ARMSTRONG</u>				e. STREET ADDRESS (If rural, give location) <u>430 LILAC COURT</u> <u>800</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>BIGBEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 3-1955</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APR. 12-1887</u>			
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HUNTSVILLE, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PETER WALKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FARLEY</u>		14. NAME OF HUSBAND OR WIFE <u>ARCHIE BIGBEE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. STANLEY SEARS</u>		ADDRESS <u>PLEASANT HILL 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>				DUE TO (b) <u>Coronary sclerosis</u>				<u>2 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>(Cholelithiasis) and acute gallstone colic</u>				<u>1 day.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) m.		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 <u>7-2-</u> , <u>1955</u> , to <u>7-3-</u> , <u>1955</u> , that I last saw the deceased alive on <u>7-2-</u> , <u>1955</u> , and that death occurred at <u>2:30</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. Kline, M.D.</u>				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>7-3-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ARKANSAS CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ARK. CITY, KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>July 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Dora Barwad</u> <u>457-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond L. Stanley</u>		ADDRESS <u>Pleasant Hill Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



PAID. 13 1955

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 *Allen B. ...*

Licensed Embalmer No. 37...

P. O. Address *Planned ...*

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.