

FILED JAN 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40705**  
Registrar's No. **84**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. <b>84</b>					
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b> (admission). c. CITY OR TOWN <b>Poplar Bluff</b>				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>				c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>94 8 Gardner St.</b>		812/5			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hosp.</b>				3. NAME OF DECEASED (Type or Print) a. (First) <b>Roscoe</b> b. (Middle) <b>T.</b> c. (Last) <b>Biggs</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 22, 1956</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 24, 1885</b>		9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Days IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Neelyville, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>W.L. Biggs</b>			13b. MOTHER'S MAIDEN NAME <b>Frances McKinney</b>			14. NAME OF HUSBAND OR WIFE <b>Hattie SanSoucie Biggs</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. <b>499-22-7160</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H. Biggs, Poplar Bluff, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterial debility</b> DUE TO (c) <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>22 wks</b> <b>34 wks</b>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>4500</b>			
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 <b>July</b> , 19 <b>41</b> , to <b>12-22</b> , 19 <b>56</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:10</b> P.M., from the causes and on the date stated above.											
23a. SIGNATURE <b>Frank Cotrell</b> (Degree or title)					23b. ADDRESS <b>Poplar Bluff, Mo.</b>			23c. DATE SIGNED <b>12/31/56</b>			
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-22-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar-Bluff, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>1/5/57</b>			REGISTRAR'S SIGNATURE <b>Frank Cotrell</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank-Cotrell, Poplar Bluff, Mo.</b>					

(To Be Filled in by the Registrar on Reverse Side)

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

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489  
0

RECEIVED  
JAN 7 - 1937

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 *Francis M Hill*

Licensed Embalmer No. *500*

P. O. Address *Poplar Bluff*

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.