

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004976
State File No.

FILED FEB 17 1958

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 23

2352
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Dunklin</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Dunklin</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kennett</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">15 Days</p>		c. CITY OR TOWN <p style="text-align: center;">Senath</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Dunklin Co. Memorial Hosp</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Rt. 2</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Albert</p>			b. (Middle)			c. (Last) <p style="text-align: center;">Biggs</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Feb. 2, 1958</p>			
5. SEX <p style="text-align: center;">Male</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>		8. DATE OF BIRTH <p style="text-align: center;">March 11, 1876</p>			9. AGE (In years last birthday) <p style="text-align: center;">82</p>		10. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Missouri</p>				

13a. FATHER'S NAME <p style="text-align: center;">Asa Biggs</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Alma Brewer</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Sarah Biggs</p>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>			16. SOCIAL SECURITY NO. <p style="text-align: center;">Unknown</p>			17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs Albert Biggs Senath, Mo. Rt. 2.</p>			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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">30 min.</p>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic C.V.D.</u>						unknown	
		DUE TO (c)							
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes, melitus</u>						unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4201</p>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Nov. 2-2, 1957, to 2-2, 1958, that I last saw the deceased alive on 2-2, 1958, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">James J. Zell M.D.</p>		(Degree or title)		23b. ADDRESS <p style="text-align: center;">Kennett, Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">2-6-58.</p>	
24. BURIAL CREMATION REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">2/5/58</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Liberty</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Caruth Mo.</p>	

DATE REC'D BY LOCAL HEALTH DEPT. <p style="text-align: center;">2-7-1958</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">[Signature]</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">McDaniel Funeral Service</p>		ADDRESS <p style="text-align: center;">Senath, Mo.</p>	
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RECEIVED DUNKLIN COUNTY

DEPARTMENT *2-11-5*

COUNTY FILE NUMBER *25*

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 *Hubert B. Baird*.....

Licensed Embalmer No. *488*.....

P. O. Address *Remmet*.....

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.