

FILED AUG 1 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 207

Primary Registration District No. 5759

Registrar's No. 16

1. PLACE OF DEATH:

(a) County **Maries**
(b) City or town **Vichy, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary's**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ☒ (Specify whether
In this community ☒ years, months or days)

3. (a) PRINT FULL NAME **John C. Biggs**

3. (b) If veteran, ☒ name war ☒ 3. (c) Social Security No. ☒

4. Sex **male** 5. Color **white** 6. (a) Single, widowed, married, divorced ☒
6. (b) Name of husband or wife ☒ 6. (c) Age of husband or wife if alive **12** years
7. Birth date of deceased **2** (Month) **12** (Day) **1862** (Year)

8. AGE: Years **84** Months **4** Days **7** If less than one day
hr. min.

9. Birthplace **Vichy, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Alexander Biggs.**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Workman**
15. Birthplace **Maries Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mollie Spencer**(b) Address **Vichy, Mo.**

17. (a) **burial** (b) Date thereof **6-22-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery.**18. (a) Signature of funeral director **W. Cunningham**(b) Address **Vienna Mo.**

19. (a) **6-28-46** (b) **Pauline Howard**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Maries**
(c) City or town **Vichy, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **11**
(If rural, give location)
(e) Citizen of foreign country? ☐ (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1946** hour **2** minute **P** M.

21. I hereby certify that I attended the deceased from **June 12**, 19**46**, to **June 19**, 19**46**,
that I last saw him alive on **June 12**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis**
180 cc

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **none**

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **X**
(b) Date of occurrence **X**
(c) Where did injury occur? **X**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury **X**

23. Signature **W. D. Jones** (M. D. or other)
Address **Beckley, W. Va.** Date signed **6/24/46**

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 1-29-46

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 366

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Aug
16

Registration District No. 207

Primary Registration District No. 5759

Registrar's No.

1. PLACE OF DEATH:

- (a) County Marion
(b) City or town Vichy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether
years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Feb 12 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 20 (If less than one day, hr. _____ min. _____)

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alexander Biggs

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Sarah Washburn

15. Birthplace Marion Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mollie Spencer

- (b) Address Vichy Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/22/46 (Month) (Day) (Year)

- (c) Place: burial or cremation Jamon Cemetery

18. (a) Signature of funeral director W C Birmingham

- (b) Address Vichy Mo

19. (a) 6/29/46 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Marion
(c) City or town Vichy Mo
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 1946
year 1946 month _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 12 to June 19 1946
that I last saw him alive on June 12 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of the Bladder

- Due to _____

- Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings: _____

- Of operations none

- Of autopsy none

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work? _____ (Specify type of place) (e) Means of injury _____

- Signature Dr. J. Jones (M. D. or other) _____

- Address Belle, Mo Date signed 6/22/46

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