

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13020

58
2

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

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Brookfield</u> c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Elmer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>BIDDLE</u> c. (Last) <u>BISWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>1</u> <u>49</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>Nov. 27, 1885</u>
9. AGE (in years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 12 HRS. Hours <u>4</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>P. Biswell</u>	13b. MOTHER'S MAIDEN NAME <u>Alise Priebe</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Frances Kelley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>720-07-5234</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jonathan Biswell, New Cambria 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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>4/27</u> , 1949, to <u>5/1</u> , 1949, that I last saw the deceased alive on <u>4/30</u> , 1949, and that death occurred at <u>12:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. S. Erwin</u> (Deputy or Title)		23b. ADDRESS <u>167 W. 2 Brookfield, Mo.</u>	23c. DATE SIGNED <u>5/1/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>6 1/2 miles N. of New Cambria (Mo.)</u>
DATE REC'D BY LOCAL REG. <u>May 5-1949</u>	REGISTRAR'S SIGNATURE <u>H. S. Erwin</u>	167	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. E. Killeland New Cambria Mo.</u>

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.

Signed H. J. Gilleland

Signed _____
Student Embalmer

Licensed Embalmer No. 4019

P. O. Address New Cambria Mo

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