

FILED MAY 24 1949

 MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 14742

BIRTH NO.		REG. DIST. NO. 10	PRIMARY REG. DIST. NO. 3002	Registrar's No. 80
1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) Mexico 0		c. LENGTH OF STAY (in this place) 7 days		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Vandalia		
		d. STREET ADDRESS (If rural, give location) 201 West Page		
3. NAME OF DECEASED a. (First) William b. (Middle) Richard c. (Last) Biggs			4. DATE OF DEATH (Month) (Day) (Year) May 16 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25 1882	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Farber Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME W.S. Biggs		13b. MOTHER'S MAIDEN NAME Nancy Reading	14. NAME OF HUSBAND OR WIFE Mrs Alice Biggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 491-16-8839	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Alice Biggs Vandalia Mo	
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) Coronary Artery Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jejunal ulcer		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
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 6-20, 1946, to 5-16-, 1949 that I last saw the deceased alive on 5-16-, 1949, and that death occurred at 1:05 P. m., from the causes and on the date stated above.				
23a. SIGNATURE H.D. Askeum M.D. (Degree or title)			23b. ADDRESS Mexico Mo	
23c. DATE SIGNED 5-16-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 18 1949		24c. NAME OF CEMETERY OR CREMATORY Farber Cemetery
				24d. LOCATION (City, town, or county) (State) Farber Missouri
DATE REC'D BY LOCAL REG. May 17-1949		REGISTRAR'S SIGNATURE Blaneke Neely 90		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W. Waters Vandalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.484  
1  
2

**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number 549

Date Filed MAY 23 1949

**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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.