

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16259**
Registrar's No. **157**

BIRTH NO. _____		REG. DIST. NO. K46		PRIMARY REG. DIST. NO. 5368		Registrar's No. 157	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Blue Twnsp		c. LENGTH OF STAY (in this place) 10 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Blue Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. # 1 Independence				d. STREET ADDRESS (If rural, give location) Rt. #1 Independence			
3. NAME OF DECEASED (Type or Print) THOMAS N. BIGGS			a. (First) THOMAS b. (Middle) N. c. (Last) BIGGS			4. DATE OF DEATH (Month) (Day) (Year) May 13, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 23, 1949	
9. AGE (in years last birthday) 76		IF UNDER 1 YEAR 4 Months 17 Days		IF UNDER 24 HRS. 0 Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Laclede, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Allen Biggs			13b. MOTHER'S MAIDEN NAME Margaret Builderback		14. NAME OF HUSBAND OR WIFE Addie Biggs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Addie Biggs, Rt. #1 Indep., Mo. 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4501
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner					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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE Wellschen (Degree or title) MD				23b. ADDRESS 2800 main		23c. DATE SIGNED 5/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/17/49		24c. NAME OF CEMETERY OR CREMATORY Lonesome Hill Cem.		24d. LOCATION (City, town, or county) (State) Lebanon, Missouri	
DATE REC'D BY LOCAL REG. May 14, 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks, Independence, Mo. ADDRESS _____			

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

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 Stanley M. Sutton

Signed _____
Student Embalmer

Licensed Embalmer No. 4504

P. O. Address Independence, 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.