

No. 300
10.48

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26123

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 898

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>55 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2604 South 12th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Alice</u>		b. (Middle) <u>Wilda</u>		c. (Last) <u>Biggerstaff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16, 1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 16, 1890</u>	
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Queblo Colo. 1</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Wm. Tuttle</u>		13b. MOTHER'S MAIDEN NAME <u>Naoma Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Biggerstaff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Biggerstaff</u>	
				ADDRESS <u>St. Joseph, 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>umbilical hernia, gangrene</u>		INTERVAL BETWEEN ONSET AND DEATH <u>51.12</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) <u>✓</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION <u>Aug 15 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Colon gangrene, Peritonitis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Acc</u>		21c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Buchanan, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>C</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from Aug 15, 1949 to Aug 16, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Collis P. Rourke</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Weston Bowman Funeral</u>		23c. DATE SIGNED <u>Aug 16 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/18/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt. mora</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 19, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weston Bowman Funeral</u>	
						ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Home

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

W. C. J. Rasmussen

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 31950 16th St Jersey

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.