

FILED OCT 17 1951

STANDARD CERTIFICATE OF DEATH

36070

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

BIRTH NO.		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 447- Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY SCHUYLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY SCHUYLER	
b. CITY OR TOWN GLENWOOD		c. LENGTH OF STAY (in this place) 77		c. CITY OR TOWN GLENWOOD 17'	
d. FULL NAME OF HOSPITAL OR INSTITUTION L. ...				d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL		b. (Middle) ALFRED		c. (Last) BILES	
4. DATE OF DEATH Oct 7, 1951		5. SEX M O		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE N		8. DATE OF BIRTH July 6, 1874		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MASON		10b. KIND OF BUSINESS OR INDUSTRY L		11. BIRTHPLACE (State or foreign country) SCHUYLER, CO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME F.H. BILES JR.		13b. MOTHER'S MAIDEN NAME SARAH LUCAS	
14. NAME OF HUSBAND OR WIFE L		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Herbert Meane		ADDRESS Waterville, 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, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 7, 1951, to Oct 7, 1951, that I last saw the deceased alive on Sept 7, 1951, and that death occurred at 7:15 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Dr. R.E. Vaughn D.O.		(Degree or title)		23b. ADDRESS Lancaster, Mo	
23c. DATE SIGNED 10/18/51		24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE Oct 9, 1951	
24c. NAME OF CEMETERY OR CREMATORY IOOF CEM		24d. LOCATION (City, town, or county) GLENWOOD		(State) MO.	
DATE REC'D BY LOCAL REG. Oct 8 - 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Everett R. Head	
				ADDRESS Lancaster, Mo	

Date Received: OCT 16 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1857
Date Filed: OCT 16 1951

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.