

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30596**

No. 300
10.48

SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Wright 1141		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN mtn Grove, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN mtn Grove, Mo. 1141	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Otis c. (Last) Biggs			4. DATE OF DEATH (Month) (Day) (Year) Aug 28, 1952		
5. SEX M	6. COLOR OF RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1878	9. AGE (In years) (Months) (Days) (Hours) (Min.) 76 1 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY masonry	11. BIRTHPLACE (State or foreign country) mtn Grove, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Mourne Biggs	13b. MOTHER'S MAIDEN NAME Sarah Wilks	14. NAME OF HUSBAND OR WIFE Dora Biggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Dora Biggs ADDRESS Mtn Grove 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decomposed heart		INTERVAL BETWEEN ONSET AND DEATH From July 30th to Aug 28th '52
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None 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) 4843
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 **July 30, 1952**, to **Aug 28, 1952**, that I last saw the deceased alive on **Aug 25, 1952**, and that death occurred at **11A m.**, from the causes and on the date stated above.

23a. SIGNATURE H. G. Howe M.D. (Degree or title)	23b. ADDRESS Mtn Grove, Mo	23c. DATE SIGNED 8/31/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/31-52	24c. NAME OF CEMETERY OR CREMATORY Penner
24d. LOCATION (City, town, or county) (State) Wangout, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Stable Windle ADDRESS Mtn Grove	
DATE REC'D BY LOCAL REG. 9-4-52	REGISTRAR'S SIGNATURE A. G. Ormer	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 9 1952
WRIGHT CO. HEALTH DEPT.
County File Number 93-2-102
Date Filed 9-13-52

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wm Grove, 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.