

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31169

State File No.

67

1336
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DEED SEP 16 1952

BIRTH NO.		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5385</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural meramec</u>		c. LENGTH OF STAY (in this place) <u>yr s</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rual Meramec</u>		1330	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				d. STREET ADDRESS (If rural, give location) <u>X near Stonehill</u>			
3. NAME OF DECEASED (Type or Print) <u>Herbert</u>		a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>Biggs</u>	
4. DATE OF DEATH <u>9/7/52</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov 15/66</u>		9. AGE (in years last birthday) <u>8 5</u>		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Genevieve Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME <u>James Biggs</u>			
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Ellis</u>				14. NAME OF HUSBAND OR WIFE <u>Anna Biggs</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>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Biggs</u>	
17. ADDRESS <u>Sligo 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute left sided heart decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
ANTECEDENT CAUSES <u>Arteriosclerosis and Essential Hypertension</u>				DUE TO (b) <u>Arteriosclerosis and Essential Hypertension</u>			
DUE TO (c)				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES ☐ NO ☒			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Sept. 4, 1952</u> , to <u>9/7/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/7/52</u> , 19 <u>52</u> , and that death occurred at <u>12.45 m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph P. Burnett MD</u>				23b. ADDRESS <u>Stalem Mo</u>		23c. DATE SIGNED <u>9/11/52</u>	
24a. BIRTH, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/10/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stonehill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Stonehill Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-11-52</u>		REGISTRAR'S SIGNATURE <u>Dr. J. W. D. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Spence</u>		ADDRESS <u>Stalem Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 9376

P. O. Address Salmon, Idaho

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.