

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

FILED NOV 13 1952

REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6060 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> <u>St. Clair</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Stockton</u> (Rural) (township))		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Stockton</u> (Rural) <u>Washington</u> (township))	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington Township (St.,</u>		d. STREET ADDRESS <u>Clair County</u> (If rural, give location) <u>1930 1/2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>B.</u> c. (Last) <u>Biggs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct, 26, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 8, 1908</u>
9. AGE (In years) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Healey Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Roy Biggs</u>	
13b. MOTHER'S MAIDEN NAME <u>Cora Benjamin</u>		14. NAME OF HUSBAND OR WIFE <u>Billie Biggs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW#2</u>		16. SOCIAL SECURITY NO. <u>37-180-722</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Billie Biggs</u> ADDRESS <u>Stockton Missouri</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>331X</u>	
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)		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 <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>2: A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James Benjamin Carver</u> (Degree or title)		23b. ADDRESS <u>Osceola Missouri</u>	
23c. DATE SIGNED <u>10/27/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>10/27/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Garden City Kan.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Goodrich</u> ADDRESS <u>Osceola Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-27-52</u>		REGISTRAR'S SIGNATURE <u>Ruth Seever</u> 288-	

JAN 14 1953
JAN 19 1953
DEC 9 6 30 AM

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 J. B. [Signature]

Licensed Embalmer No. 7038

P. O. Address [Signature]

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.