

No. 300  
Jo. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6439

BIRTH NO. MAR 10 1953 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 74

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: rankness before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON       |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence  |  | c. CITY OR TOWN Independence  |  |
| c. LENGTH OF STAY (In this place) 6 DAYS   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Indep. Sanitarium & Hosp. |  | e. STREET ADDRESS (If rural, give location) 116 So. BOWEN 7005  |  |

|                                     |                     |                |                 |   |
|-------------------------------------|---------------------|----------------|-----------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Isabelle | b. (Middle) A. | c. (Last) Biggs | 4. DATE OF DEATH (Month) (Day) (Year) Feb-10-1953 |
|-------------------------------------|---------------------|----------------|-----------------|---|

|               |                        |  |                               |                                    |               |             |  |
|---------------|------------------------|--|-------------------------------|------------------------------------|---------------|-------------|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb 23, 1875 | 9. AGE (In years last birthday) 77 | 10. MONTHS 11 | 11. DAYS 17 | 12. CITIZEN OF WHAT COUNTRY? CANADA U.S.A. |
|---------------|------------------------|--|-------------------------------|------------------------------------|---------------|-------------|--|

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|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (City and State or Foreign Country) Money More | 12. CITIZEN OF WHAT COUNTRY? CANADA U.S.A. |
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|-----------------------------------|---|--|
| 13a. FATHER'S NAME Charles McLean | 13b. MOTHER'S MAIDEN NAME Isabelle Thompson | 14. NAME OF HUSBAND OR WIFE Joseph Biggs |
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|   |                                 |   |         |
|---|---------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Pycock-Toronto, CAN. ASA | ADDRESS |
|---|---------------------------------|---|---------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage 6 days  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Essential Hypertension ? |  |                                  |
|  | DUE TO (c) 331X  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease  |  |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) |
|--|--|---|

|  |   |                            |
|--|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from Oct 18, 1951, to Feb 10, 1953, that I last saw the deceased alive on Feb 9, 1953, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

|  |                              |                          |
|--|------------------------------|--------------------------|
| 23a. SIGNATURE (Degree or title) Ghast Grabke M.D. | 23b. ADDRESS Independence Mo | 23c. DATE SIGNED 2/11/53 |
|--|------------------------------|--------------------------|

|  |                        |  |   |
|--|------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE Feb 11, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Mount Grove | 24d. LOCATION (City, town, or county) (State) Independence, MO. |
|--|------------------------|--|---|

|                                    |                                   |     |   |                   |
|------------------------------------|-----------------------------------|-----|---|-------------------|
| DATE REC'D BY LOCAL REG. 2-11-1953 | REGISTRAR'S SIGNATURE [Signature] | 354 | 25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks | ADDRESS Edge, Mo. |
|------------------------------------|-----------------------------------|-----|---|-------------------|

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

1005

JAN 21 1955

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.....  
Signature of Student Embalmer

Signed *Raymond M. Hardy*

Licensed Embalmer No. *4913*

P. O. Address *Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.