S. No. 300
v. 10-48

600
1

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

FILED MAY 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14946

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5709 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Erie twp.
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 Miles east of Goodman, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Erie twp. 0600
d. STREET ADDRESS (If rural, give location) 4 miles east of Goodman, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) NETTIE
b. (Middle)
c. (Last) BIGLOW

4. DATE OF DEATH (Month) May (Day) 6, (Year) 1953

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 27, 1874

9. AGE (In years last birthday) 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Noel, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Butler

13b. MOTHER'S MAIDEN NAME Elizabeth Bryson

14. NAME OF HUSBAND OR WIFE Joe C. Biglow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS Mrs. Glenn Croddy, Goodman, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) — Unknown

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 1561

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) m.

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* April 15, 1953, *to* May 6, 1953, *that I last saw the deceased alive on* May 5th, 1953, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. B. Smith M.D.

23b. ADDRESS Anderson Missouri

23c. DATE SIGNED 5/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 8, 1953

24c. NAME OF CEMETERY OR CREMATORY Indian Springs Cemetery

24d. LOCATION (City, town, or county) (State) McDonald County, Missouri

DATE REC'D BY LOCAL REG. 5-7-53

REGISTRAR'S SIGNATURE Mayme Humphrey 423

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS John B. Robinson, Goodman, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, Me

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.