

FILED JUN 22 1953

STANDARD CERTIFICATE OF DEATH

State File No. 213990

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4213		Registrar's No. 144	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY OR TOWN Montrose		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Deepwater Twp		d. STREET ADDRESS (If rural, give location) Have no street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION His Home in Montrose Mo							
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Jefferson		c. (Last) Biles Jr		4. DATE OF DEATH (Month) June (Day) 13 (Year) 1953	
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH Dec 21-1889	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) Farming and Stockraising		11. BIRTHPLACE (State or foreign country) St Clair Co Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas J. Biles Sr		13b. MOTHER'S MAIDEN NAME Margaret Willoughby		14. NAME OF HUSBAND OR WIFE Birdie E Short			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE AND NAME ADDRESS Birdie E. Biles Montrose 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) Coronary Thrombosis ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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) m.		21e. INJURY OCCURRED WHILE AT <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 25 Jan, 1953, to 12 June, 1953, that I last saw the deceased alive on 12 June, 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED 13 June 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 14, 53		24c. NAME OF CEMETERY OR CREMATORY Appleton City Cms		24d. LOCATION (City, town, or county) (State) Appleton City Mo	
DATE REC'D BY LOCAL REG June 14-53		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Frank Lee Appleton City Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1953

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, ~~John~~ _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W. A. Garsault

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.