

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29587

State File No.

FILED SEP 1 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>4411</u>		Registrar's No. <u>38</u>		
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>				
b. CITY OR TOWN <u>Bowling Green</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		d. STREET ADDRESS (If rural, give location) <u>416 W. Centennial</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>416 W. Centennial</u>				d. STREET ADDRESS (If rural, give location) <u>416 W. Centennial</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nell</u> b. (Middle) <u>C.</u> c. (Last) <u>Biggs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-15-1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>6-7-1874</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		IF UNDER 28 HRS. Hours <u>7</u> Min. <u>7</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Curryville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James H. Caldwell</u>			13b. MOTHER'S MAIDEN NAME <u>Isabelle Shotwell</u>			14. NAME OF HUSBAND OR WIFE <u>Beard Biggs (Deed)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____		17. INFORMANT'S SIGNATURE OR NAME <u>Family record</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>						
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						
		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 _____					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) <u>4222</u> (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>May 9</u> , 19 <u>46</u> , to <u>Aug 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 15</u> , 19 <u>53</u> , and that death occurred at <u>6:00 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>James H. Caldwell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Bowling Green, Mo.</u>		23c. DATE SIGNED <u>Aug 17, 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Curryville Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Curryville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-25-53</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>W. B. E. Moore - Bowling Green</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

820
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

M. B. Chose

Signed.....
Student Embalmer

Licensed Embalmer No. *3766*

P. O. Address *Bowling Green 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.