

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36259

State File No. 100-417-36259

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 468

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived; if institution; residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Cherokee</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Joplin</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Baxter Springs</i> 8150	
c. LENGTH OF STAY (in this place) <i>10 day</i>		OR TOWN <i>Baxter Springs</i> 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Johns Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1918 Cleveland</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>F</i> c. (Last) <i>Biller</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10-19-53</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>May 5-1870</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>	11. BIRTHPLACE (State or foreign country) <i>Edgar Springs mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>James Biller</i>	13b. MOTHER'S MAIDEN NAME <i>Ellen Heaven</i>	14. NAME OF HUSBAND OR WIFE <i>deceased</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <i>X</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. M. J. Lee</i>	ADDRESS <i>Baxter Spgs</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of stomach</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		20. INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of stomach 151X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *10-7-1953* to *10-19-1953*, that I last saw the deceased alive on *10-18-1953*, and that death occurred at *1:15 Am.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>M. J. Bogan M.D.</i>	23b. ADDRESS <i>Baxter Springs</i>	23c. DATE SIGNED <i>10-19-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>10-19-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Baxter Spgs Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Baxter Spgs Kas.</i>
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DATE REC'D BY LOCAL REG. <i>10-22-53</i>	REGISTRAR'S SIGNATURE <i>James W. Lane</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>James W. Lane</i>	ADDRESS <i>Baxter Spgs Kas.</i>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

300
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RECEIVED OCT 26 1953

Jasper County Health Office

County File Number 53-10-846

Date Filed OCT 26 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, or by

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J Lane Wene

Licensed Embalmer No. 2880 m

P. O. Address Baxter Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.