

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **42709**

FILED DEC 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 14

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0460

1. PLACE OF DEATH a. COUNTY <u>SPRING HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SPRING HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>ROVER RT.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>ANTHONY</u> c. (Last) <u>BIGGERSTAFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-53</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>11-4-88</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LIVESTOCK</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ENFIELD, ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>BANK</u>	
13b. MOTHER'S MAIDEN NAME <u>UNK</u>		14. NAME OF HUSBAND OR WIFE <u>M. J. BIGGERSTAFF</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Y</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Y</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>M. J. BIGGERSTAFF, WEST PLAINS, MO</u> ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic cancer</u>  ANTECEDENT CAUSES <u>Cancer tongue</u> 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. <u>0</u>	
19a. DATE OF OPERATION <u>Nov 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Radical neck operation at St Louis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>	
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)	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>3 12 52</u> , 19 <u>52</u> , to <u>12 12 53</u> , that I last saw the deceased alive on <u>12-7-53</u> , 19 <u>53</u> , and that death occurred at <u>2:50A</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J B. Stoll M D</u>		23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>12 15 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-22-53</u>	REGISTRAR'S SIGNATURE <u>West Plains mo 379-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertsons, West Plains, Mo</u>	

AUG 17 1954

JUL 29 1954

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STATEMENT BY LICENSED EMBALMER

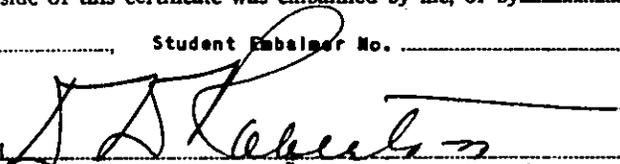
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 2477

P. O. Address West Plains, 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.