

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42774  
5754

State File No. \_\_\_\_\_

FILED DEC 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

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1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>4 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>613 Highland Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Westport Nussing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rufus</b>	b. (Middle)	c. (Last) <b>Biggs</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 5, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 1, 1889</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOEMAKER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Dover, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Riley Biggs</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Belle Burgess</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Biggs</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>W.W. I 495-01-8055</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene A. Biggs</b> ADDRESS <b>613 Highland Drive Independence, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral regurgitation with chronic myocarditis</b>		<b>approx 3 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>approx 5 yrs</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hemephegia Senile dementia</b>		<b>approx 2 yrs</b> <b>approx 2 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 Sept. 19 53, to Dec. 5 19 53, that I last saw the deceased alive on Dec. 1 19 53, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>James W. Graham</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>518 Argyle Bldg., K. C. Mo.</b>	23c. DATE SIGNED <b>12/7/53</b>
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24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC 8 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>12-8-53</b>	REGISTRAR'S SIGNATURE <b>Sensidine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>DW Newcomer Sons</b> ADDRESS <b>1751. Dec 3 1953 Kansas City Mo</b>
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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

*Robert A. Boyer*

Licensed Embalmer No.

*4896*

P. O. Address

*1610, 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.