

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13188

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3721**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Noble County	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ligonier	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 301 East 5th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) ALLIE		b. (Middle) BIDDLE	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 4 24 54	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 5, 1876
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (City and State or Foreign Country) Noble County, Indiana	
13a. FATHER'S NAME William Growcock		13b. MOTHER'S MAIDEN NAME Catherine Shearer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Arthur B. Biddle		ADDRESS 519 E. Drive, U.C?, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Incarcerated Inguinal Hernia ANTECEDENT CAUSES Hernia Operation - 4/21/54 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Thrombosis. 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 checked="" type="checkbox"/> NO <input 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) 561.0			
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?			
22. I hereby certify that I attended the deceased from 4/19 , 19 54 , to 4/24 , 19 54 , that I last saw the deceased alive on 4/24/54 , 19 54 , and that death occurred at 3 P m., from the causes and on the date stated above.			
23a. SIGNATURE E. V. Mastin		23b. ADDRESS (Degree or title) M.D. 3720 Washington	
23c. DATE SIGNED 4/24/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4-25-54	
24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		24d. LOCATION (City, town, or county) (State) Ligonier, Indiana	
DATE REC'D BY LOCAL REG. APR 26 1954		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS C. R. Lupton & Sons, 7233 Delmar Blv'd.	

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

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 C. S. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.