

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **176**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 60 years	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 922 S. 15th Street		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 922 S. 15th St.		0117 0	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) R. c. (Last) Bias			4. DATE OF DEATH (Month) (Day) (Year) February 11, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 18, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. lineman		10b. KIND OF BUSINESS OR INDUSTRY Street Railway Co.	11. BIRTHPLACE (City and State or Foreign Country) Springdale, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas H. Bias		13b. MOTHER'S MAIDEN NAME Pollie E. Jones		14. NAME OF HUSBAND OR WIFE Ella	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-09-7788A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Bias, 922 S. 15th, St. Joseph, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Accidents		INTERVAL BETWEEN ONSET AND DEATH Several days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis Gen Sereve		Year	
		DUE TO (c) Old Hypertension		Yes	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Severe Toxic Debilities		Who	
		Terminal Hememia		Who	

19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. 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?	
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22. I hereby certify that I attended the deceased from **Jan**, 19**55**, to **2-11-**19**55** that I last saw the deceased alive on **2-19-1955**, and that death occurred at **9:30p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. N. Keeler, M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 2-11-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/12/1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
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DATE REC'D BY LOCAL REG. Feb 15, 1955		REGISTRAR'S SIGNATURE Ethel M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wheaton - Bowman St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Some data

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.....
Signature of Student Embalmer

Signed *A. Eugene Wood*.....

Licensed Embalmer No. *3809*

P. O. Address *39 So 10th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.