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

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12059

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomfield
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN: Bloomfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) ATTICUS b. (Middle) LAFFAYETTE c. (Last) BIFFLE

4. DATE OF DEATH (Month) (Day) (Year): APRIL 2, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 18, 1875
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR Months: 7 Days: 14 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical worker
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and State or Foreign Country): Houston, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: S. C. Biffle
13b. MOTHER'S MAIDEN NAME: Anna Allbrigh
14. NAME OF HUSBAND OR WIFE: Mrs. Barbra Biffle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 488-26-4528
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Barbra Biffle, Bloomfield, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — years

DUE TO (c) Valvular Heart Disease — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Asthma years 8 mo. Stokes Adams Syndrome

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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): 4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July *19*55*, to* April 2*, 19*56 *that I last saw the deceased alive on* April 2*, 19*56 *and that death occurred at* 6:05 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Stephen Parker (Degree or title): M.D.
23b. ADDRESS: Bloomfield Mo
23c. DATE SIGNED: 4-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 5-56
24c. NAME OF CEMETERY OR CREMATORY: Bloomfield cemetery
24d. LOCATION (City, town, or county) (State): Bloomfield, Missouri

DATE REC'D BY LOCAL REG.: 4-12-56
REGISTRAR'S SIGNATURE: Leon E. Mooney
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: CHILES UNDERTAKING CO. BLOOMFIELD, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, &or by ... Lulu Cooper # 3499 ....., ~~Student Embalmer No.~~

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 41

P. O. Address Bloomfield,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.