

FILED JUN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15801

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Spgs.</u>		c. CITY OR TOWN <u>El Dorado Spgs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>215 W. Martin</u>		d. STREET ADDRESS <u>215 W. Martin</u>	
3. NAME OF DECEASED (Type or print) <u>Laura Ann Biddlecome</u>		4. DATE OF DEATH Month <u>5</u> Day <u>31</u> Year <u>56</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>5-2-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		11. BIRTHPLACE (City and state or country) <u>Lawrence Co., Mo.</u>	
13. FATHER'S NAME <u>Geo. McDaniel</u>		14. MOTHER'S MAIDEN NAME <u>Obigale Emmels</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Robt Biddlecome - El Dorado Spgs.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> <u>arteriosclerosis</u> <u>age.</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>5-26-56</u> to <u>5-31-56</u> and last saw her <u>alive</u> on <u>5-31-56</u> Death occurred at <u>3:00 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ch. Hunderwirth D.O.</u>		22b. ADDRESS <u>El Dorado Spgs.</u>	
22c. DATE SIGNED <u>6-2-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-7-56</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lytle Cemetery</u>		23d. LOCATION (City, town or county) (State) <u>Verion Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>George W. Napier</u>		25. DATE REC'D. BY LOCAL REG. <u>6-6-56</u>	
26. REGISTRAR'S SIGNATURE <u>George W. Napier</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

10. 1914

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *May W. Dickering*

Licensed Embalmer No. *46*

P. O. Address *El Dorado*

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.