

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

44746
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 595

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		c. CITY (If outside, give location) OR TOWN JOPLIN <i>0490</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 923 Missouri		d. STREET ADDRESS (If outside, give location) 923 Missouri	
Length of stay in lb 51 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MINERVA BIGGS			4. DATE OF DEATH Month DEC Day 5 Year 1957		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 6 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR: Months Days Hours Min	IF UNDER 24 HRS. Hours Min
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) BUFFALO, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME L.H. KEEN	13b. MOTHER'S MAIDEN NAME MARY LAMAR	14. NAME OF HUSBAND OR WIFE DAVID (DECEASED)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, and/or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. —	17. INFORMANT SELF (PRE-ARRANGEMENT FORM)	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Malnutrition	1 year
	DUE TO (c) Senility	years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 2865 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **11-14-57** to **12-5-57** and last saw ^{her} _{him} alive on **12-5-57**
Death occurred at **1:42 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. S. Longmire, M.D.	(Degree or title)	22b. ADDRESS 601 F-R-L Building, Joplin, Mo.	22c. DATE SIGNED 12-9-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 9, 1957	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW	23d. LOCATION (City, town, or county) (State) JOPLIN Mo
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24. FUNERAL DIRECTOR Harburt Gervin	ADDRESS Joplin	25. DATE RECD. BY LOCAL REG. 12-17-1957	26. REGISTRAR'S SIGNATURE Dove Merriam
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File Number 57-12-1857
Date Filed DEC 26 1957

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 Dale Geo

Licensed Embalmer No. 4593
P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.