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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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035750
STATE FILE NUMBER

FILED OCT 22 1958 Registration District No. 59 Primary Registration District No. 5227 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY: Cass County
b. CITY OR TOWN: Pleasant Twp. ~~Harrisonville~~ — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pleasant View (Harrisonville) Rest Home — Length of stay in Hospital: 4 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Harrisonville — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 019 / 0 PLEASANT VIEW REST HOME — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: George Middle: Jack Last: Biggerstaff

4. DATE OF DEATH: Month: Oct Day: 10 Year: 58

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]
8. DATE OF BIRTH: (Unknown) 1863
9. AGE (In years if last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY: Pharmacy
11. BIRTHPLACE (City and state or country): Columbus, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Biggerstaff
13b. MOTHER'S MAIDEN NAME: Rebecca Bell
14. NAME OF HUSBAND OR WIFE: none

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.: none
17. INFORMANT: Brack Biggerstaff, Address: Pleasant Hill, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Odema	7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiac insufficiency	10 yrs
DUE TO (c)	Arteriosclerosis	20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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 June 1954 to Oct 10, 1958 and last saw ~~her~~ him alive on Oct 10, 1958
Death occurred at 7 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: N. E. Enoch (Degree or title) M.D.
22b. ADDRESS: Harrisonville Mo
22c. DATE SIGNED: Oct 11, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 12, 1958
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery
23d. LOCATION (City, town, or county) (State): Pleasant Hill, Missouri

24. FUNERAL DIRECTOR: BROWNFIELD-STANLEY ~~Raymond Stanley~~ ADDRESS: Pleasant Hill, Mo
25. DATE RECD. BY LOCAL REG.: October 12, 1958
26. REGISTRAR'S SIGNATURE: Dora Barnard

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
OCT 20 1958
CASS COUNTY
HEALTH DEPARTMENT

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 [illegible], Student Embalmer No. 560 working under my personal supervision.

Student [illegible] Signed Raymond A. Stanley
Signature of Student Embalmer

Licensed Embalmer No. 5008
P. O. Address Pleasant Hill

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.