

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016710  
STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 632 Primary Registration District No. Registrar's No. 39

300  
1-57

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1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lutesville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lutesville, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bond Nursing Home</b>		Length of stay in lb <b>3 yrs</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ELIZABETH</b> Middle <b>BIGGS</b> Last <b>BIGGS</b>			4. DATE OF DEATH Month <b>May</b> Day <b>20</b> Year <b>1959</b>		
5. SEX <b>FM</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 4, 1876</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Sagaman county Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>James Bolin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Douglas</b>		14. NAME OF HUSBAND OR WIFE <b>Otis Biggs (deceased)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>Mrs. Harold Luman Bloomfield Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>Cardio-renal vascular disease</b> DUE TO (c) <b>Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility 442X</b>					INTERVAL BETWEEN ONSET AND DEATH
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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
21. I attended the deceased from <b>2/2/57</b> to <b>5/20/59</b> and last saw her alive on <b>5/20/59</b> Death occurred at <b>12:15 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>John J. Myers MD</b>		22b. ADDRESS <b>Lutesville Mo</b>		22c. DATE SIGNED <b>5/22/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-22-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Craig, Mo</b>
24. FUNERAL DIRECTOR <b>Gene Ward Lutesville Mo</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5/26/59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6961 8 NNP

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 Willie Kenneth Liley....., Student Embalmer No. 579..... working under my personal supervision.

Student Kenneth Liley  
Signature of Student Embalmer

Signed R. O. Laine.....

Licensed Embalmer No. 4538.....

P. O. Address Jackson, 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.