

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041310

FILED VS NOV 17 1959

STATE FILE NUMBER

ENDED

Registration District No. 290 Primary Registration District No. Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Pulaski Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Pulaski</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cullen Twp</u>		Length of stay in lb <u>1 yr.</u>		c. CITY OR TOWN <u>Waynesville, Mo.</u>		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None. Route No 2</u>			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) <u>Rural Rt. # 1.</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Raymond.</u> Middle <u>Herbert.</u> Last <u>Biddle.</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>1,</u> Year <u>1959</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White.</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>11/30/1897</u>		
9. AGE (last birthday) <u>61</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <u>Kentucky.</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Biddle.</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Kirkpatrick.</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Biddle.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes. World war 1 & 11.</u>		16. SOCIAL SECURITY NO. <u>495-18-4270</u>		17. INFORMANT <u>211 E. 15th St.</u> <u>Mrs. Mary Biddle. Joplin, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 <u>11-1-59</u> to <u>11-1-59</u> and last saw him alive on <u>11-1-59</u> Death occurred at <u>9:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>R.D. Althoff</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Waynesville, Missouri</u>		22c. DATE SIGNED <u>11/2/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/3/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		
24. FUNERAL DIRECTOR <u>Hedges Funeral Home Way, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-3-59</u>		26. REGISTRAR'S SIGNATURE <u>Charles J. Anderson</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6361 4 T AON SA

6561 2 T AON SA

STATEMENT BY LICENSED EMBALMER

JAN 6 1960

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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.