

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036041

STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 363

FILED OCT 24 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Butler		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		a. STATE Missouri COUNTY Butler		c. CITY OR TOWN Poplar Bluff	
Length of stay in 1b 4 Years		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 117 South 11th Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hospital				d. STREET ADDRESS (If outside, give location) 117 South 11th Street			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First- ELZO		Middle BIGGS		Month Oct. 16, 1961		Day 16, 1961	
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-15-1890	
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and state or country) Mayflower, Arkansas	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Matthew Biggs				13b. MOTHER'S MAIDEN NAME Lura Orr		14. NAME OF HUSBAND OR WIFE Elizabeth Haley B	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Elizabeth Biggs Poplar	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				Bluff, Mo.		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis				1 hr			
DUE TO (b) Chronic valvular heart disease				5 yrs			
DUE TO (c) Generalized arteriosclerosis				10 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary tuberculosis with pneumonia				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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	
21. I attended the deceased from <u>10/10/61</u> to <u>10/16/61</u> and last saw him alive on <u>10/15/61</u> Death occurred at <u>2:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Cornelia C. Post M. D.				22b. ADDRESS Poplar Bluff, Missouri		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-19-61		23c. NAME OF CEMETERY OR CREMATORY Jones Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Delaplane, Arkansas	
24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo.				25. DATE RECD. BY LOCAL REG. 10-20-1961		26. REGISTRAR'S SIGNATURE Thelma Graham	

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 31 1961

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

Philip J. Casserly

Licensed Embalmer No.

4698

P. O. Address

Poplar Bluff

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.