

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005172

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 131

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6109

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED FEB 28 1963	
1. PLACE OF DEATH	
a. COUNTY Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Columbia	a. STATE Mo. b. COUNTY Newton
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF MO. INSTITUTE UNIVERSITY OF MO. MEDICAL CENTER	c. CITY OR TOWN STARK City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS —	d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First DAN Laverne	Middle Biddlecome
Last Biddlecome	
4. DATE OF DEATH 2-22-63	
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 4-9-31
9. AGE (last birthday) 31	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junk Dealer	10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) OZARK Beach Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Claude Biddlecome	13b. MOTHER'S MAIDEN NAME Ruth Hasiter
14. NAME OF HUSBAND OR WIFE EMMA Biddlecome	17. INFORMANT University of Mo. Medical Records
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Intracranial hemorrhage
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	Thrombocytopenia
DUE TO (b)	Acute Monocytic Leukemia
DUE TO (c)	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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.)	
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 2/6/63 to 2/22/63 and last saw him alive on 2/22/63 Death occurred at 6:38 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Richard A. Hoyer MD (Degree or title)	22b. ADDRESS Univ. of Mo. Med. Center
22c. DATE SIGNED 2/22/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-23-1963
23c. NAME OF CEMETERY OR CREMATORY NEWTONIA I.O.F.	23d. LOCATION (City, town, or county) Newton Co Mo
24. FUNERAL DIRECTOR Thompson Funeral Home	25. DATE RECD. BY LOCAL REG. Feb 23 1963
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

MAR 28 1963

JUN 30 1964

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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 Harold Sparks Student Embalmer No. 688

working under my personal supervision.

Student Harold N. Sparks
Signature of Student Embalmer

Signed J.W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus, 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.