

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15631

15631

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		d. STREET ADDRESS (If rural, give location) 612 South Orchard					
d. FULL NAME OF HOSPITAL OR INSTITUTION 612 South Orchard				d. STREET ADDRESS (If rural, give location) 612 South Orchard							
3. NAME OF DECEASED (Type or Print) Elmer E. Biggs			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH May 25 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 12 1871		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
5. SEX Male		6. COLOR OR RACE White		11. BIRTHPLACE (State or foreign country) Henry County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY none							
13a. FATHER'S NAME James R. Biggs				13b. MOTHER'S MAIDEN NAME Mary Green				14. NAME OF HUSBAND OR WIFE Eva Vanderpool Biggs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Max Biggs (son) Clinton, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION							
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism				INTERVAL BETWEEN ONSET AND DEATH 1 hr			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis				2 yr			
				DUE TO (c)							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Jan 1, 1934 , to 5-25, 1954 , that I last saw the deceased alive on 5-1, 1954 , and that death occurred at 9 A.M. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) G. S. Sulpher, M.D.				23b. ADDRESS Clinton Mo.				23c. DATE SIGNED 5-26-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 27 1954		24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton Missouri					
DATE REC'D BY LOCAL REG. May 27-54		REGISTRAR'S SIGNATURE Florena Adams		422		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conalus		ADDRESS Clinton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Eugene R. Conzelius

Licensed Embalmer No. 4680

P. O. Address. Clinton, Miss.

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 this body is not embalmed, fact should be so stated above.