

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28700**

941

FILED AUG 31 1954

BIRTH NO. 734 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>1 hr.</u>	c. CITY OR TOWN <u>Farmington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
e. STREET ADDRESS <u>312 N. Henry</u>		094/0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u> b. (Middle) <u>John</u> c. (Last) <u>Biggs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 20 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 8, 1898</u>
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>1</u>	11. DAYS <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St Joseph Lead Co</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ste Genevieve Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Francis M. Biggs</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie McDuffee</u>	
14. NAME OF HUSBAND OR WIFE <u>Johanna Trauernicht Biggs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-03-9907</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Biggs, Farmington, Missouri</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Rheumatoid Arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Pulmonary tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		f20 1A	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-18-54</u> , 19 <u>54</u> , to <u>8-20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-20-54</u> , 19 <u>54</u> , and that death occurred at <u>12:20 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. E. Caulleton M.D.</u>		23b. ADDRESS <u>Farmington Mo</u>	
23c. DATE SIGNED <u>8-21-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/23/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 21, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home, Farmington, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 7 1944

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 Burt Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.