

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

REG JUN 2 1940 328

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Greerton

(c) Name of hospital or institution: McGill's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 150

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mercer

(c) City or town Princeton MO
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME William Richard Higgins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased april 21 - 1921

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1940 hour _____ minute 12:30 P. M.

21. I hereby certify that I attended the deceased from May 5th 1940, to May 7th 1940; that I last saw him alive on May 7th 1940 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>19</u>		<u>16</u>	hr. _____ min.

Immediate cause of death Peritonitis Duration 4 days

Due to Gangrenous Appendicitis 3 days

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace Princeton MO (City, town, or county) (State or foreign country)

10. Usual occupation Book Repair

11. Industry or business _____

MOTHER FATHER

12. Name Darsie Higgins

13. Birthplace Princeton MO (City, town, or county) (State or foreign country)

14. Maiden name Malinda Cox

15. Birthplace Princeton MO (City, town, or county) (State or foreign country)

Major findings: Appendectomy with drainage May 5th 1940

Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Darsie Higgins

(b) Address Princeton MO

17. (a) Medical Date thereof May 9 - 1940 (Month) (Day) (Year)

(b) Place: burial or cremation Princeton MO

18. (a) Signature of funeral director Neil Mass

(b) Address Princeton MO

19. (a) 5-9-40 (Date received local registrar) (b) Gene S. Fair (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 350 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Oliver F. Duffy (M. D. or other) M.D.

Address Princeton MO Date signed May 7th 1940

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 113

District File Number 640-910

Date Filed JUN 12 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Noel Mass

Licensed Embalmer No. 2634

P. O. Address Princeton 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 this body is not embalmed, above space should be left blank.