

FILED JAN 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1675

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Warrensburg</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 Year</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 2 Warrensburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Johnson County Home 5</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ephram</u>	b. (Middle) <u>D</u>	c. (Last) <u>Higgins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 10-49</u>
--	-------------------------	-----------------------------	---

5. SEX <u>Male () White</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>April 12, 1855</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 24 HRS. Min. <u></u>
---------------------------------	----------------------------------	--	---	--	---------------------------------------	---------------------------------------	--------------------------------------	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>NO</u>
--	---	--	---

13a. FATHER'S NAME <u>Hiram H Higgins</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bofman</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah A Higgins</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>County Home Records</u>	ADDRESS <u></u>
---	--	---	--------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH. <u>Several y</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u></u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
---	--	---------------------------------------

22. I hereby certify that I attended the deceased from Aug 23, 1947, to 1-10-49, 1949, that I last saw the deceased alive on 1-1-49, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Warrensburg Mo</u>	23c. DATE SIGNED <u>1-12-49</u>
--------------------------------------	----------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetry</u>	24d. LOCATION (City, town, or county) (State) <u>Holden Mo</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Jan. 14, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Sweeney-Phillips Warrensburg, Mo</u>
--	---	--	--

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

51
0
0

45011

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 _____

W. Raymond Baker

Student Embalmer No. *25*

working under my personal supervision.

Signed *W. Raymond Baker*
Student Embalmer

Signed *W. Jack Phillips*

Licensed Embalmer No. *4566*

P. O. Address *Warrensburg 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, fact should be so stated above.