

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8830

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2004		Registrar's No. 137		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 2-3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin				
d. FULL NAME OF HOSPITAL (OR INSTITUTION) 2605 Joplin				d. STREET ADDRESS (If rural, give location) 2111 Connor				
3. NAME OF DECEASED (Type or Print) EMMA			a. (First)		b. (Middle) VICTORIA		c. (Last) HIGGINS	
4. DATE OF DEATH		MAR. 19		1949				
5. SEX FEMALE		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH		
9. AGE (In years last birthday) 82								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SHERMAN, ILL		
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME FELIX CRAWFORD		13b. MOTHER'S MAIDEN NAME HANNA BARGER		
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. —		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK LAYMAN JOPLIN MO								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion								
INTERVAL BETWEEN ONSET AND DEATH minutes unknown								
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES								
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
DUE TO (b) Hypertension								
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				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) (Min.)		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 Mar. 18, 1949, to Mar. 19, 1949, that I last saw the deceased alive on 3-18-49, 19, and that death occurred at 3:45 p.m., from the causes and on the date stated above.								
23a. SIGNATURE E. O. Martin (Degree or title) E.O.				23b. ADDRESS 506 Frisco Bldg., Joplin Mo		23c. DATE SIGNED 3-21-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 22, 1949		24c. NAME OF CEMETERY OR CREMATORY FOREST PARK		24d. LOCATION (City, town, or county) (State) JOPLIN MO		
DATE REC'D BY LOCAL REG. 3-21-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]		

(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.

Signed Dale Glover

Signed.....
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.