

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15339

| | | | | | | | |
|---|---|---|---|---|--|---|-------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>82</u> | | PRIMARY REG. DIST. NO. <u>3017</u> | | Registrar's No. <u>63</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>COOPER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u> | | c. LENGTH OF STAY (in this place) <u>76 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>749 MAIN STREET</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>J.</u> c. (Last) <u>HIGGERSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11-1949</u> | | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>AUG. 2 - 1872</u> | | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GARAGEMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GARAGE</u> | | 11. BIRTHPLACE (State or foreign country) <u>COOPER COUNTY - MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>COL. C.C. HIGGERSON</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARY HERNDON</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</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 ADDRESS <u>MISS. SUE HIGGERSON - BOONVILLE</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 | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> | | | | | | |
| ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of prostate</u> | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> | | | | | | |
| DUE TO (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | <u>610X</u> | | | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>May 1, 1949</u> , to <u>May 11, 1949</u> , that I last saw the deceased alive on <u>May 11, 1949</u> , and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Miss. S. Hooper M.D.</u> | | | 23b. ADDRESS <u>Boonville Mo</u> | | | 23c. DATE SIGNED <u>5-13-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>May 13-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>OLD LAMINE CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>LAMINE - MO.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>May 13-49</u> | | REGISTRAR'S SIGNATURE <u>S. Hooper 3810</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Wagner, BOONVILLE MO.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-25-49

OCT 28 1953

JUN 30 1953

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 James W. Segner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.