

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4364

BIRTH NO. 2-13-50 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 7

0290

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Greenfield</u>	c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield</u> <u>0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>413 Water St.</u>		d. STREET ADDRESS (If rural, give location) <u>413 Water</u> <u>@</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sarah</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>HIGGINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 26, 1870</u>	9. AGE (to years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>	IF UNDER 1 HR. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Greenfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Higgins</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Newton Grider</u>	14. NAME OF HUSBAND OR WIFE
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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>Mrs. Ollie Williams</u>	ADDRESS <u>Greenfield, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1200</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2-13-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Aslo</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Greenfield Dade Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8:20 p. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-1-49, 19 to 2/9, 1950, that I last saw the deceased alive on 2/8/50, 19, and that death occurred at 8:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Cain</u> (Degree or title)	23b. ADDRESS <u>Greenfield, Mo.</u>	23c. DATE SIGNED <u>2/12/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-13-50</u>	REGISTRAR'S SIGNATURE <u>Geo L. Weir</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	ADDRESS <u>Greenfield, Mo.</u>
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RECEIVED FEB 20 1950
District Health Office No. 6,
District File Number 250-241
Date Filed 2-20-50

DEC 5 1958

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed J. C. Canada
Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.