

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1950

State File No. 37552

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 137

1. PLACE OF DEATH  
 a. COUNTY Johnson  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg Rural  
 c. LENGTH OF STAY (in this place) 14  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Rfd Warrensburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Johnson  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg Rural 0510  
 d. STREET ADDRESS (If rural, give location) Rfd Warrensburg

3. NAME OF DECEASED  
 a. (First) Eugenia b. (Middle) Ann c. (Last) Higgins  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
 Oct. 27 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 21

8. DATE OF BIRTH Oct 25 1864

9. AGE (In years last birthday) 86  
 IF UNDER 1 YEAR: Months Days  
 IF UNDER 10 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Lone Jack Mo. D

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Easley

13b. MOTHER'S MAIDEN NAME Mary Spainhour

14. NAME OF HUSBAND OR WIFE James Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Snow, Warrensburg Mo.

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  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic myocarditis  
 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.

INTERVAL BETWEEN ONSET AND DEATH 2 yrs  
 4-2-22

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Oct 27, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Name or title)

23b. ADDRESS Warrensburg Mo

23c. DATE SIGNED Oct 28, 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 29 1950

24c. NAME OF CEMETERY OR CREMATORY Lone Jack Cem

24d. LOCATION (City, town, or county) (State) Lone Jack Missouri

DATE REC'D BY LOCAL REG. Oct 28, 1950

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips Warrensburg Mo.

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

RECEIVED  
NOV 6 1950  
JOHNSON COUNTY HEALTH DEPT.

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.....

Signed.....  
Student Embalmer

Signed *Leo P. McSwirk*.....

Licensed Embalmer No. *4807*.....

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.