

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40258

BIRTH NO. 66903-50 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 138

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jennett</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Remitt</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bragg City Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brumell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0789</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u> b. (Middle) <u>Ann</u> c. (Last) <u>Higgins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 5-1950</u>	9. AGE (In years last birthday) Months <u>2</u> Days <u>15</u> Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Mathews Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Delzie Higgins</u>	13b. MOTHER'S MAIDEN NAME <u>Loris Smith</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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>Hugh Smith Bragg City Mo</u>	ADDRESS <u>Bragg City 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition (Starvation)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>78420</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis</u>		
	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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 12-11, 1950, to 12-20, 1950, that I last saw the deceased alive on 12-20, 1950, and that death occurred at 8:2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.C. Wilson MD</u> (Degree or title)	23b. ADDRESS <u>Remitt Mo.</u>	23c. DATE SIGNED <u>12-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Portageville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-22-1950</u>	REGISTRAR'S SIGNATURE <u>Earl J. Hershman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leola E. Justice</u>	ADDRESS <u>Remitt Mo.</u>
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ... 12-27-50

COUNTY FILE NUMBER 1250-336

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.