

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
8750

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 313

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u> | |
| c. LENGTH OF STAY (In this place) <u>3 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>1503 4th Ave.</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | | | |

| | | | | | | |
|---|-------------------------------|---|--|--|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Tracey</u> b. (Middle) <u>Cardine</u> c. (Last) <u>Higgs</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>OF March 14, 1951.</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Not Given</u> | 8. DATE OF BIRTH <u>November 17, 1882</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 Hrs. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Sandwich Shop</u> | | 11. BIRTHPLACE (State or foreign country) <u>Augusta County, Virginia.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|---|---|--|
| 13a. FATHER'S NAME <u>John W. Higgs</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Martz</u> | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> |
|---|---|--|

| | | | |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>*****</u> | 16. SOCIAL SECURITY NO. <u>499-18-4670</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Belle Burton Harrisonberg, Va.</u> | ADDRESS |
|---|--|--|---------|

| | | | |
|---|--|----------------|----------------------------------|
| 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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | <u>7 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio Vascular Disease</u> <u>Unknown</u> DUE TO (c) <u>Diabetes</u> | | <u>443x</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Unknown</u> | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) m. | 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 March 9, 1951, to March 11, 1951, that I last saw the deceased alive on March 13, 1951, and that death occurred at 3:28A m., from the causes and on the date stated above.

| | | |
|--|--|---------------------------------|
| 23a. SIGNATURE <u>Walter Meierhoff</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>The Tootle Building St. Joseph, Missouri</u> | 23c. DATE SIGNED <u>3-15-51</u> |
|--|--|---------------------------------|

| | | | |
|---|---------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 16, 1951.</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> |
|---|---------------------------------|---|--|

| | | | |
|--|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>March 23, 1951</u> | REGISTRAR'S SIGNATURE <u>Carl C. Cash</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoff</u> | ADDRESS <u>St. Joseph, Mo.</u> |
|--|---|--|--------------------------------|

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 _____

*** ****

working under my personal supervision. . .

Student Embalmer No. _____

Signed *Raymond W. Marchica*

Licensed Embalmer No. 4413 Missouri

Signed _____
Student Embalmer

P. O. Address St. Joseph, Missouri.

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.