S. No. 300
v. 10.48

0910
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FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9712

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4451 Registrar's No. 195

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Naylor
c. LENGTH OF STAY (In this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Naylor 0910
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Carl
b. (Middle) Earnest
c. (Last) Higgs

4. DATE OF DEATH (Month) (Day) (Year) ~~XXXXXXXXXX~~ Mar. 2, 1951

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Jan 6, 1938
9. AGE (In years last birthday) 13 — If under 1 year: Months 1 Days 26 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Naylor, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarence Higgs
13b. MOTHER'S MAIDEN NAME Lillie Hargraves
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Clarence Higgs **ADDRESS** Naylor, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Heart Disease
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 7544
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* July, 1949, *to* March, 1951, *that I last saw the deceased alive on* 2/23, 1951, *and that death occurred at* 7 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Arthur C Parker (Degree or title) M.D.
23b. ADDRESS Poplar Bluff, Mo
23c. DATE SIGNED 3/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/4/51
24c. NAME OF CEMETERY OR CREMATORY Naylor
24d. LOCATION (City, town, or county) Naylor, Mo. (State)

DATE REC'D BY LOCAL REG. 3-10-51
REGISTRAR'S SIGNATURE E B Johnston
25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home **ADDRESS** Naylor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 12 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Charles McCarty working under my personal supervision.

Student Embalmer No. 387

Signed Charles McCarty
Student Embalmer

Signed.....

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.