

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17158

540
1

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

| | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>172</u> | | PRIMARY REG. DIST. NO. <u>5640</u> | | Registrar's No. <u>34</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville, Mo.</u> | | <u>6540</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>Higginsville, Mo. Rural</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Phil-</u> b. (Middle) <u>A</u> c. (Last) <u>Higgins</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June-4th 1951</u> | | | | | |
| 5. SEX <u>Male-</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>June-5 1884</u> | | |
| 9. AGE (In years last birthday) <u>66</u> | | 10. MONTHS <u>11</u> | | 10. DAYS <u>29</u> | | 10. HOURS <u></u> MIN. <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Higginsville Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Higgins</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ora Avers</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Ora Higgins (deceased)</u> | | |
| 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. S. M. Hayes</u> ADDRESS <u>Lexington, Mo.</u> | | | |
| 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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>Unknown</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | | | | | 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) (Min.) _____ | | 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 <u>did not attend</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 4</u> , 19 <u>51</u> , and that death occurred at <u>3:05 P. m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. B. Bumgarner M.D.</u> | | | | 23b. ADDRESS <u>Higginsville Mo</u> | | 23c. DATE SIGNED <u>6-5-51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 24b. DATE <u>6-6-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u> | | 24d. LOCATION (City, town, or county) (State) <u>7600 St. Charles Rockroad.</u> | | |
| DATE REC'D BY LOCAL REG. <u>June 5-1951</u> | | REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Boyer</u> ADDRESS (Mo.) <u>Higginsville,</u> | | | |

AUG 25 1951

RECEIVED

6-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-12-51

Call Phone.

20 - or 132

Alfred ...

W.D.

JUN 27 1951

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Forrest A. Hoyle

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.