

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26665

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY GRUNDY 0492		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MO b. COUNTY MERCER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION FERGUSON NURSING HOME		d. STREET ADDRESS (If rural, give location) MADISON TOWNSHIP 1	

3. NAME OF DECEASED (Type or Print) a. (First) DORIS b. (Middle) MARIE c. (Last) HIGGINS			4. DATE OF DEATH (Month) (Day) (Year) AUG 2 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL-10-1908	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WALLACE CONSTABLE	13b. MOTHER'S MAIDEN NAME MOLLIE VANDERFORD	14. NAME OF HUSBAND OR WIFE GROFF HIGGINS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GROFF HIGGINS MILL GROVE MO RFD.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Contracted Nephritis / year		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592X	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1951, August 2, 1951, that I last saw the deceased alive on August 2, 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Deffenhard	(Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED Aug 2 - 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG-5-1951	24c. NAME OF CEMETERY OR CREMATORY SALEM CEM.	24d. LOCATION (City, town, or county) (State) MERCER CO. MO.

DATE REC'D BY LOCAL REG. AUG 5, 1951	REGISTRAR'S SIGNATURE Irene Fair	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scholler Funeral Home Spickard MO.
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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.....

Ross Wise

Signed.....
Student Embalmer

Licensed Embalmer No.....

3771

P. O. Address.....

Spickard 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.