

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31011**  
Registrar's No. **86**

FILED OCT 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **5909**

0780

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

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Steele Rt 3</b>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <b>Steele Little Prairie</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Little Prairie, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>Rt 3</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma Jane Higdon</b> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 28 51</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>March 7 1865</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unobtainable</b>	13b. MOTHER'S MAIDEN NAME <b>Unobtainable</b>	14. NAME OF HUSBAND OR WIFE _____
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs J. F. Kellems</b> ADDRESS <b>Steele Mo Rt 3</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>  <b>years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>senility</b>		
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 <b>331x</b>	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 **Feb**, 19**50**, to **Sept 28**, 19**51**, that I last saw the deceased alive on **Sept 28**, 19**51**, and that death occurred at **3 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. M. Callahan D.O.</b>	23b. ADDRESS <b>Steele, Mo.</b>	23c. DATE SIGNED <b>9/29/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/29/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>No 8</b>	24d. LOCATION (City, town, or county) (State) <b>Cooter Mo</b>
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DATE REC'D BY LOCAL REG. <b>10-3-1951</b>	REGISTRAR'S SIGNATURE <b>Fessie B. Wilk</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Holt Funeral Home</b> ADDRESS <b>Blytheville Ar, k</b>
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10-51-249

Rec. OCT 5 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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\_\_\_\_\_

*Was Not*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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.