No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11948

FILED MAY 12 1952 BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (In this place): 3 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon 10X0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheldon 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Phoebe
b. (Middle): Jane
c. (Last): Higgins

4. DATE OF DEATH (Month) (Day) (Year): April 24 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug. 15, 1873
9. AGE (In years last birthday): 78 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Vernon Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Peter B. Davis
13b. MOTHER'S MAIDEN NAME: Ellen Flowers
14. NAME OF HUSBAND OR WIFE: Louis L. Higgins

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.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ethel Beeny **ADDRESS**: Sheldon 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) Chronic heart failure — 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) old age + Diabetic condition — INTERVAL BETWEEN ONSET AND DEATH: 6 w.

DUE TO (c) _____ — INTERVAL BETWEEN ONSET AND DEATH: _____

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: 260X
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): LAMAR Barton (Mo)

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* Jan. 4, 1952 *to* 4-24, 1952 *that I last saw the deceased alive on* 4-24, 1952 *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D.R. Guedner (Degree or title) M.D.
23b. ADDRESS: LAMAR
23c. DATE SIGNED: 4-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial //
24b. DATE: 4/27/52
24c. NAME OF CEMETERY OR CREMATORY: Sheldon
24d. LOCATION (City, town, or county) (State): Sheldon Mo.

DATE REC'D BY LOCAL REG.: MAY 7 - 1952
REGISTRAR'S SIGNATURE: Marie Konarik 14-1
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: L. Gerard Beeny Sheldon

(Licensed Embalmer's Statement on Reverse Side)

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 L. Gerald Beeny

Licensed Embalmer No. 4703

P. O. Address Sheldon 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.