

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42075

State File No.

No. 300
10-48

FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MERCER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>0650</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>MADISON TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SUSAN NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NEVA</u> b. (Middle) _____ c. (Last) <u>HIGGINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-8-1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MAY-2-1872</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>MO. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME <u>CRAWFORD BALLEW</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET HIGSON</u>		14. NAME OF HUSBAND OR WIFE <u>LUTHER HIGGINS</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 ADDRESS <u>CROFF HIGGINS MILL GROVE MO. RD</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, asthenia, 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>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio Sclerosis</u>		<u>5 years</u>	
		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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from July 26, 1952, to Dec 8, 1952, that I last saw the deceased alive on Dec 8, 1952, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton MO</u>		23c. DATE SIGNED <u>Dec 10-52</u>	
--	--	--------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC-11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALAM CEM</u>	
				24d. LOCATION (City, town, or county) (State) <u>MERCER CO. MO.</u>	

DATE REC'D BY LOCAL REG. <u>Dec 11-52</u>		REGISTRAR'S SIGNATURE <u>Jane Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHOOLER FUNERAL HOME SPICKARD MO.</u>	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 9 1954

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 _____

Licensed Embalmer No. 2771

P. O. Address Spickard Wp.

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.