

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4753

State File No. _____

No. 300
10-48
FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route #2 Monett Tns. Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 das.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 2 Monett, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mabel</u>	b. (Middle) <u>Clara</u>	c. (Last) <u>Higgins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 13, 1887</u>	9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR <u>11</u> Months <u>24</u> Days	# UNDER 1 MIN. <u>48</u> Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Banks</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Baird</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Higgins</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Higgins</u> ADDRESS <u>R.F.D.2 Monett, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>585X</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute cholecystitis</u>		48 hrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 5, 1953, to Feb 7, 1953, that I last saw the deceased alive on Feb 7, 1953, and that death occurred at 10 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert R. Rowley M.D.</u>	23b. ADDRESS <u>Monett, Mo.</u>	23c. DATE SIGNED <u>Feb 7 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Site Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Route 2 Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-8-1953</u>	REGISTRAR'S SIGNATURE <u>Oliver A. Warriner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MERGER FUNERAL HOME</u> ADDRESS <u>Monett, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

00510

0059

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

Roy H. Mercer

..... Licensed Embalmer No. 4432

..... P. O. Address Monett, Missouri

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.