

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7094

State File No.

FILED FEB 18 1953

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 30

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| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u> | | d. STREET ADDRESS (If rural, give location) <u>1870</u> | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED a. (First) <u>Samuel</u> b. (Middle) <u>Pinkney</u> c. (Last) <u>Higgins</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4, 1953</u> | | |
|---|--|--|---|--|--|

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|-----------------|---------------------------|--|---|---|------------------------|---------------------|-------|------|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>August 3, 1876</u> | 9. AGE (10 years last birthday) <u>76</u> | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Days | Hours | Min. |
|-----------------|---------------------------|--|---|---|------------------------|---------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoework</u> | 11. BIRTH PLACE (State or foreign country) <u>Texas Co. MO</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>S. P. Higgins</u> | 13b. MOTHER'S MAIDEN NAME <u>Morr</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>2</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert S. Higgins</u> | ADDRESS <u>Rolla, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiectasis of lung</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>526X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. arteriosclerotic heart disease</u> | | | |

| | | |
|------------------------|----------------------------------|---|
| 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) |
|--|--|---|

| | | |
|---|--|----------------------------|
| 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 11-3-, 1952, to _____, 19____, that I last saw the deceased alive on 2-2-, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|-------------------|---------------------------------|------------------------------------|
| 23a. SIGNATURE <u>E. E. Feind M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Rolla Mo</u> | 23c. DATE SIGNED <u>2-11-53</u> |
|---|-------------------|---------------------------------|------------------------------------|

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|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/7/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rolling Camp</u> | 24d. LOCATION (City, town, or county) (State) <u>Rolla MO</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 11, 1953</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u> | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u> | ADDRESS <u>Rolla MO</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed 2/17/53

JUN 6 1953

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 Embert Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking, W. Va.

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.