S. No. 300
v. 10.48

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39856

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 501 E. 13th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville, Mo. 782
d. STREET ADDRESS (If rural, give location): 501 E. 13th Street

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

4. DATE OF DEATH (Month) (Day) (Year): Nov 13 53

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2 April 1884
9. AGE (In years last birthday): 69 — If under 1 year: Months 7, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Smithing
11. BIRTHPLACE (City and State or Foreign Country): Starksville, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Dave Higgins
13b. MOTHER'S MAIDEN NAME: Mariah Spencer
14. NAME OF HUSBAND OR WIFE: Katie Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 498 10 0321
17. INFORMANT'S SIGNATURE OR NAME: Katie Higgins — ADDRESS: 501 E. 13th Street Caruthersville

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): Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Status asthmaticus
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
241X
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)
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* 9 Nov, 1953, *to* 13 Nov, 1953, *that I last saw the deceased alive on* 18 Nov, 1953, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Caruthersville, Mo
23c. DATE SIGNED: 13 Nov 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-1953
24c. NAME OF CEMETERY OR CREMATORY: Morgans Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo

DATE REC'D BY LOCAL REG.: Nov-14-1953
REGISTRAR'S SIGNATURE: Tressie B. Wilks 247
25. FUNERAL DIRECTOR'S SIGNATURE: Philip Wood — ADDRESS: Caruthersville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

11-366-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 20 1953

NOV 28 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 Philip O Woods

Licensed Embalmer No. 4831

P. O. Address Cairo, 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.