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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41666

BIRTH CO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. CO. <u>500</u>		Registrar's No. <u>2932</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>WILLIAMSON</u>				
b. CITY OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>42 DAYS</u>		c. CITY OR TOWN <u>JOHNSTON CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>1102 TROUT STREET</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>C.</u> c. (Last) <u>HIGGINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-53</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>4-10-21</u>		
9. AGE (In years last birthday) <u>32</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLAY, KENTUCKY</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WILL HIGGINSON</u>		13b. MOTHER'S MAIDEN NAME <u>MAUDE RAMSEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WWTT 328 16 6365</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BKS. MO.</u> ADDRESS _____				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Pneumonectomy 10/20/53</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>10-1-53</u> , 19 <u>  </u> , to <u>11-12-53</u> , 19 <u>  </u> , and that death occurred at <u>7:40a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. A. ALLEN, MD</u>				23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS. MO.</u>		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>11-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakeview Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Johnston City, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>11-13-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, H.O.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand Blv., St. Louis, Mo.</u>				

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

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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.....  
Signature of Student Embalmer

Signed *David Van Horn*.....

Licensed Embalmer No. *4541*.....

P. O. Address *6322 So Grand*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.