

FILED JUN 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. **16454**

BIRTH NO. **31326-54** REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg, Missouri	
c. LENGTH OF STAY (in this place) 12 hrs.		d. STREET ADDRESS (If rural, give location) East Market St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Center,			

3. NAME OF DECEASED a. (First) Infant,		b. (Middle) none		c. (Last) HIGGINS		4. DATE OF DEATH (Month) (Day) (Year) May 30th, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Widowed		8. DATE OF BIRTH May 30th, 1954	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Warrensburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown,		13b. MOTHER'S MAIDEN NAME Mrs. Edith Higgins,		14. NAME OF HUSBAND OR WIFE STANLEY Widowed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Earnest Johnson, Aullville, Missouri	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Labor induced heavily, Retained					
		DUE TO (c) for advanced maternal pulmonary tuberculosis					
		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		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 **5-30-** 19**54**, to **5-30-** 19**54**, that I last saw the deceased alive on **5-30-** 19**54**, and that death occurred at **1:15 P m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 5-31-1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-1-1954		24c. NAME OF CEMETERY OR CREMATORY M Sunset Hill Cemetery		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
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DATE REC'D BY LOCAL REG. June 2, 1954		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE R.A. Brauning, Warrensburg, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUN 7 1954
ALBERTA
JOHNSON COUNTY HEALTH DEPT.

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 ~~me~~

working under my personal supervision.

Student Embalmer No.

Signed W. A. Brauning

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.