

STANDARD CERTIFICATE OF DEATH

23702

State File No.

FILED AUG 10 1954

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>5769</u>		Registrar's No. <u>50</u>		
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lindley</u>		c. LENGTH OF STAY (In this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lindley Twp. 0650</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles N. of Cainsville, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>7 miles N. of Cainsville, Mo. 0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u>		b. (Middle) <u>Dea</u>		c. (Last) <u>Higdon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 4 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 15 1940</u>		
				9. AGE (In years last birthday) <u>14</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lindley Twp. Mercer Co., Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>David L. Higdon</u>			13b. MOTHER'S MAIDEN NAME <u>Merle L. Gardner</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>		
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>David L. Higdon</u> ADDRESS <u>Cainsville, Mo.</u>				
MEDICAL CERTIFICATION								
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.						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <u>As forid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.</u>								
DUE TO (b) <u>Tractor turning over, and falling on his chest.</u>								
DUE TO (c) <u>WAS Dead when found.</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chest Crushed!</u>						<u>E9120</u> <u>22</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Fracture of pelvis and Right thigh bone</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident at his home</u>		21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <u>at his home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Camersville Mercer MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>aug 4 54 11a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>unknown as nobody present</u>				
22. I hereby certify that I attended the deceased from <u>aug 4 1954</u> , to <u>aug 4 1954</u> , that I last saw the deceased alive on <u>aug 1 1954</u> , and that death occurred at <u>11:30A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J M Perry</u> (Degree or title) <u>M. D. 0</u>				23b. ADDRESS <u>Princeton, Missouri.</u>		23c. DATE SIGNED <u>8-5-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 6, 1954.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>RFD Cainsville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-7-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>393</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cainsville, Mo.</u>				

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 _____

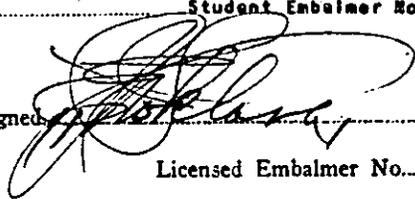
Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.