

FILED SEP 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. **29851**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **988**

1. PLACE OF DEATH

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**

c. LENGTH OF STAY (In this place) **Most of life**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2402 Duncan St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **2402 Duncan St.**

3. NAME OF DECEASED

a. (First) **WILLIAM** b. (Middle) **H.** c. (Last) **HIGGINS**

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 10, 1954

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
March 27, 1888

9. AGE (In years last birthday) **66** **7** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **80** **81** **82** **83** **84** **85** **86** **87** **88** **89** **90** **91** **92** **93** **94** **95** **96** **97** **98** **99** **100**

10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired)
Fire Chief

10b. KIND OF BUSINESS OR INDUSTRY
City Fire Dept.

11. BIRTHPLACE (City and State or Foreign Country)
Avening City, Mo. St Joseph

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Henry Higgins

13b. MOTHER'S MAIDEN NAME
Flora ~~James~~ ~~Winters~~ Aldine

14. NAME OF HUSBAND OR WIFE
Aldine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)
yes W.W.#1

16. SOCIAL SECURITY NO.
500-07-9220

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Aldine Higgins, 2402 Duncan St., City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

If 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Arteriosclerosis Heart Disease**

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
Immediate

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4200

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)

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 Nov. 29, 1952, to Sept 10, 1954, that I last saw the deceased alive on Apr 29, 1954, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
[Signature]

23b. ADDRESS
St. Joseph, Mo.

23c. DATE SIGNED
9-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Sept 13, 1954

24c. NAME OF CEMETERY OR CREMATORY
Mt. Auburn Cem.

24d. LOCATION (City, town, or county) (State)
St. Joseph, Mo.

DATE REC'D BY LOCAL REG.
Sept 15, 1954

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
[Signature] St. Joseph, Mo.

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

1954

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 *William J. Gueding*.....

Licensed Embalmer No... 45...3

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