

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30225**

State File No. \_\_\_\_\_

**FILED SEP 22 1954**

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>555</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		c. LENGTH OF STAY (in this place) <u>5 mo.</u>		c. CITY OR TOWN <u>Sullivan</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>Home</u>				e. STREET ADDRESS (If rural, give location) <u>314 Walnut</u> <span style="float:right">036/0</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvise</u> b. (Middle) <u>Charles</u> c. (Last) <u>Higgins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 8, 1895</u>	
9. AGE (In years last birthday) <u>59</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pounce, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Higgins</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Sawyer</u>		13c. NAME OF HUSBAND OR WIFE <u>Bernice Gail Higgins</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>490-28-9352</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bernice Higgins</u> ADDRESS <u>Sullivan, Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u> <span style="float:right">1 week</span>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial asthma</u> <span style="float:right">2 yrs.</span> DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis</u> <span style="float:right">2 yrs</span>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>241X4</u>				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 <u>Jan</u> , 19 <u>53</u> , to <u>9-14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-14</u> , 19 <u>54</u> , and that death occurred at <u>9:20P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas H. Scott D.O.</u>				23b. ADDRESS <u>Sullivan Mo.</u>		23c. DATE SIGNED <u>9-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/17/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>J. O. O. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/16/54</u>		REGISTRAR'S SIGNATURE <u>Thomas A. Dempsey</u> <u>496-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____			

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

036/1

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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 *J. A. Humphrey*

Licensed Embalmer No. *427*

P. O. Address *See reverse*

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.