

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED NOV 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>5836</u>		Registrar's No. <u>122</u>			
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL</u>			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>RURAL</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>NEOSHO TWP.</u>				e. STREET ADDRESS (If rural, give location) <u>NEOSHO P.F.D.#3</u>				<u>0720</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u>			b. (Middle) <u>ALEXANDER</u>		c. (Last) <u>HIGGINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 4. 1874</u>		9. AGE (In years last birthday) <u>79</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.	
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>JACK MINES</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE GIRARDEAU, MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALEXANDER HIGGINS</u>			13b. MOTHER'S MAIDEN NAME <u>MOORE</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EVA PARIS</u>			ADDRESS <u>NEOSHO, MO. R#3</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u>						<u>unkn.</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>unknown</u>					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS		<u>Interstitial nephritis</u>					
		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"/>	
		<u>334X</u>							
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>Nov 2, 1954</u> , to <u>Nov 4, 1954</u> , that I last saw the deceased alive on <u>Nov 4, 1954</u> and that death occurred at <u>12:00 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John H. O'Connell M.D.</u>				23b. ADDRESS <u>Neosho, Mo.</u>			23c. DATE SIGNED <u>11-10-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-9-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>		24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>11-10-54</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Orsley Thompson</u>		ADDRESS <u>Neosho Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1154-232

Date Filed NOV 20 1954

NEOSHO, MISSOURI

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 Ray P Adams
Licensed Embalmer No. 4920

P. O. Address Neosho, 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.