

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1955

No. 300

10-48

BIRTH NO. <u>74902-54</u>		REG. DIST. NO. <u>333</u>	PRIMARY REG. DIST. NO. <u>3074</u>	Registrar's No. <u>17</u>
1. PLACE OF DEATH a. COUNTY <u>Scott</u> <u>Michael N. Higgins</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>223 North West</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> <u>1003</u>		
		d. STREET ADDRESS (If rural, give location) <u>223 North West</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>N.</u> c. (Last) <u>Higgins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1955</u>		
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>Sept 26 1956</u>	
9. AGE (In years last birthday) <u>4</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Carl Higgins</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Baby</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Higgins Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Broncho pneumonia</u> <u>(Found dead in bed)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>upper respiratory infection</u> DUE TO (c) 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 <u>475-X</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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Melba C. Buchthorn, M.D. Health Officer</u>		23b. ADDRESS <u>Benton Mo</u>		23c. DATE SIGNED <u>2-1-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 1, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>
24d. LOCATION (City, town, or county) (State) <u>Essex Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Ella Hunter</u>		
DATE REC'D BY LOCAL REG. <u>2-9-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		ADDRESS <u>Albritton Funeral Home Sikeston, Mo.</u>

(Increased Embalmers' Statements on Reverse Side)

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

DATE RECEIVED **FEB 14 1955**

SCOTT CO. HEALTH DEPT.

CO. FILE No. 255-29

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

Student Embalmer

Signed

John Allerton

Licensed Embalmer No. 2941

P. O. Address Jefferson Ave

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.