

STANDARD CERTIFICATE OF DEATH

State File No. **21446**  
Registrar's No. **103**

FILED AUG 4 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097**

1. PLACE OF DEATH a. COUNTY <b>CASS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>HARRISONVILLE</b>		c. LENGTH OF STAY (In this place) <b>80 YRS</b>	c. CITY OR TOWN <b>QUICK CITY</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>Quick City, Mo. 0570</b>	

3. NAME OF DECEASED (Type or Print) <b>JAMES WILLIAM HIGGINS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 23 1955</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 7 1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>16</b>	IF UNDER 24 HRS. Hours <b>16</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana 1</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Higgins</b>	13b. MOTHER'S MAIDEN NAME <b>Melvinah Eubank</b>	14. NAME OF HUSBAND OR WIFE <b>Orville Ross Higgins</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eddie James Higgins</b>	ADDRESS <b>Quick City</b>
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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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 1949, to July 23, 1955, that I last saw the deceased alive on 7-23-55, and that death occurred at 12:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edward S. Jones MD</b>	(Degree or title)	23b. ADDRESS <b>Harrisonville Mo</b>	23c. DATE SIGNED <b>7-26-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Funeral</b>	24b. DATE <b>July 25 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grant Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Creighton Mo</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>July 26, 1955</b>	REG. <b>Dora Barward</b>	4570	25. FEDERAL DIRECTOR'S SIGNATURE <b>Conrad P. Kopf</b>	ADDRESS <b>Holden Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *W. L. Guadalupe*.....

Licensed Embalmer No. *343*.....

P. O. Address *Feldman*.....

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.