

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25777

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 160

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY VERNON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SHELDON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MANLOVE N. Home			Length of stay in lb 1 MO.	d. STREET ADDRESS (If outside, give location) 4221			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle ANDREW Last HIGGINS				4. DATE OF DEATH Month JULY Day 27 Year 56			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT. 17 1864		9. AGE (In years last birthday) 91 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (City and state or country) KNOXMASTER MO.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JAMES P. HIGGINS				14. MOTHER'S MAIDEN NAME DOROTHY C. BROWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT Address MRS. FRANK FERRY SHELDON MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic gangrene of foot							INTERVAL BETWEEN ONSET AND DEATH 4 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic cardiovascular disease		DUE TO (c) 4221				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) prostatic hypertrophy & urinary retention							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY - Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 26 1956 to July 27 1956 and last saw her alive on July 26 1956 Death occurred at 11:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James P. Higgins MD				22b. ADDRESS Nevada Mo		22c. DATE SIGNED July 31 '56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 30	23c. NAME OF CEMETERY OR CREMATORY SHELDON		23d. LOCATION (City, town, or county) (State) SHELDON MO		
24. FUNERAL DIRECTOR Beery		ADDRESS SHELDON		25. DATE RECD. BY LOCAL REG. 8-1-1956		26. REGISTRAR'S SIGNATURE Arnold G. Ferris	

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 *L. Gerald Beeny*.....

Licensed Embalmer No. *420*

P. O. Address *Sheldon*

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.