

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31708

FILED OCT 8 1956

STATE FILE NUMBER

Registration District No. 290

Primary Registration District No. 5985

Registrar's No. 135

Pulaski County

1. PLACE OF DEATH a. COUNTY <u>Lieber Heights</u> Fort Leonard Wood, MO		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lieber Heights</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Ft Leonard Wood</u> Outside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U. S. A. HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>Lieber Heights</u>	
Length of stay in lb <u>2 Weeks</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>LESTER</u> Last <u>HIGGINS</u>			4. DATE OF DEATH Month <u>SEPTEMBER</u> Day <u>22</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>CAIS</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>19 Nov 1904</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U. S. Army</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Army</u>	11. BIRTHPLACE (City and state or country) <u>Brunswick, MAINE</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George W. HIGGINS</u>			14. MOTHER'S MAIDEN NAME <u>ALICE LITCHFIELD</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES 24 YEARS</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>C B Milligan U S Army Hosp. Ft Wood</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Thrombosis</u>	
	DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2235 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>James B. White</u> James B. White, Capt., MC	22b. ADDRESS <u>U. S. Army HOSPITAL</u> <u>Fort Leonard Wood, MO</u>	22c. DATE SIGNED <u>22 Sept 56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-25-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	23d. LOCATION (City, town, or county) (State) <u>Brunswick Maine</u>
24. FUNERAL DIRECTOR <u>Hedges Funeral Homes Inc</u> HEDGES FUNERAL HOMES INC CROCKER	25. DATE RECD. BY LOCAL REG. <u>MO 9-25-56</u>	26. REGISTRAR'S SIGNATURE <u>Paul J. Anderson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
Pulaski County Health Officer
File Number 9-35-56
Date Filed 9-29-56

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 *Clarence Jones*

Licensed Embalmer No. 489

P. O. Address *Waynesville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.