THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

687

STATE FILE NUMBER

FILED JAN 21 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Jefferson City 0264 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 911 Moreau Dr. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 911 Moreau Dr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Floyd Schoff Middle zHiggins Last

4. DATE OF DEATH Month Jan. Day 16, Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH May 4, 1880

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 8 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY own

11. BIRTHPLACE (City and state or country) Independence, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Higgins

14. MOTHER'S MAIDEN NAME Jennette Schoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 499-24-8443

17. INFORMANT Mrs Maxine Goodin Address Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive failure

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1952, to Jan 16 1957 and last saw him alive on Jan 16, 1957

Death occurred at 11:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leon B. Lake D.O.

22b. ADDRESS 616 E High Jefferson City Mo.

22c. DATE SIGNED 1-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 19, 1957

23c. NAME OF CEMETERY OR CREMATORY California Cemetery

23d. LOCATION (City, town, or county) California, Mo. (State)

24. FUNERAL DIRECTOR Victor Buescher ADDRESS J C Mo

25. DATE RECD. BY LOCAL REG. 19 January 1957

26. REGISTRAR'S SIGNATURE R. P. Dorris MD-NR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Victor Buescher

Licensed Embalmer No.....3

P. O. Address JC

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