

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3914

STATE FILE NUMBER

FILED FEB 19 1957 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FULTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>HIGBEE</u> <u>0880</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #1</u>		d. STREET ADDRESS <u>D.K.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in hospital <u>2Y-8M-16D</u>			
3. NAME OF DECEASED (Type or print) First <u>GEORGIA</u> Middle <u>MIDDLETON</u> Last <u>HIGGINS</u>		4. DATE OF DEATH <u>FEB. 12, 1957</u> Month <u>FEB.</u> Day <u>12</u> Year <u>1957</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-26-81</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		9b. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	
11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>R. L. HINES</u>		14. MOTHER'S MAIDEN NAME <u>ELIZA DAWKINS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT <u>STATE HOSPITAL #1, FULTON, MISSOURI</u>		Address	
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>-CORONARY OCCLUSION</u> DUE TO (b) <u>ARTERIOSCLEROSIS, GENERALIZED</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<u>4201</u>
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. _____ p. m. Month _____ Day _____ Year _____			
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. Attended the deceased from <u>STATE HOSPITAL #1</u> <u>5-26-54</u> to <u>2-12-57</u> Death occurred at <u>4:40 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw him <u>XXXXXX XXXXX XXXXXXXXXXXXXXXXXX</u> have on <u>him</u>	
22a. SIGNATURE (Degree or title) <u>T. D. MC CARTHY, M.D.</u>		22b. ADDRESS <u>STATE HOSPITAL #1, FULTON, MO.</u>	22c. DATE SIGNED <u>2-14-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-14-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	23d. LOCATION (City, town, or county) (State) <u>HIGBEE, MISSOURI</u>
24. FUNERAL DIRECTOR <u>Maupin</u>	ADDRESS <u>Fulton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 16-1957</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>

Health, Welfare, Public Service
300-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without 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

FORM 1057

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.....
Glen Y. Maupin

Licensed Embalmer No. *272*

P. O. Address.....
Fulton

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.