

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 88-006644

FILED FEB 19 1958

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Sikeston	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Mem. Hosp.		Length of stay in lb 4 days	
d. STREET ADDRESS 421 Harris St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Paul Elmo Higgs			4. DATE OF DEATH Jan. 24, 1958 Month Day Year
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1914
9. AGE (In years last birthday) 43		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern operator		10b. KIND OF BUSINESS OR INDUSTRY tavern op.	11. BIRTHPLACE (City and state or country) Matthews, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Albert Higgs	
13b. MOTHER'S MAIDEN NAME Lavernie Pew		14. NAME OF HUSBAND OR WIFE Louise Higgs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. X X X X X X X X	
17. INFORMANT Louise Higgs		Address Sikeston, 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) Intestinal obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Abscess Region Splenic Flexure Colon DUE TO (c) Possible Ruptured Diverticulum of Colon			INTERVAL BETWEEN ONSET AND DEATH 2 days ? ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5721			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 Month, Day, Year a.m. p.m.		—	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Hayti, Pemiscot, Mo.		COUNTY STATE	
21. I attended the deceased from 1-21-58 to 1-24-58 and last saw him alive on 1-24-58 Death occurred at 1:02 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) P. J. Aguirre, M. R.		22b. ADDRESS Carruthersville, Mo.	
22c. DATE SIGNED 2-4-58		—	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-27-58	
23c. NAME OF CEMETERY OR CREMATORY Garden of Memories		23d. LOCATION (City, town, or county) (State) Sikeston, Mo.	
24. FUNERAL DIRECTOR Watkins & Sons		ADDRESS Dexter, Mo.	
25. DATE RECD. BY LOCAL REG. 2-10-58		26. REGISTRAR'S SIGNATURE John W. German	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Docuor, Coroner, etc. must use only standard nomenclature in item 18. NO symptoms will be traced. All diseases in Part I must be causally related.

300
1-57

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2-109-58

FEB 17 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARÜTHERSVILLE, MO.

FEB 18 1958

MS APR 6 1959

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 Marsh Watkins

Licensed Embalmer No. 4717
P. O. Address Dexter MO

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.