

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029124
STATE FILE NUMBER

FILED SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3995

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Osawatomie 91508 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in lb 13 days	d. STREET ADDRESS (If outside, give location) N. 9th. St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle J. Last Higgins			4. DATE OF DEATH Month 8 Day 17 Year 58
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 9-24-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Water & Light Plant		10b. KIND OF BUSINESS OR INDUSTRY Osawatomie, Kans.	9. AGE (In years last birthday) 68
13a. FATHER'S NAME David Franklin Higgins		13b. MOTHER'S MAIDEN NAME Sarah Ann Flook	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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. 512-24-3335	17. INFORMANT Mrs. James J. Higgins Address Osawatomie, Kans.
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 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease			unknown
DUE TO (c) _____			4200
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 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. _____ 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. I attended the deceased from 8-4-58 , to 8-17-58 and last saw her/him alive on 8-17-58 Death occurred at 7:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Fred H. Lundgren Jr. M.D.		22b. ADDRESS 315 Nichols Rd.	22c. DATE SIGNED 8-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-17-58	23c. NAME OF CEMETERY OR CREMATORY Osawatomie Cem.	23d. LOCATION (City, town, or county) (State) Osawatomie, Kans.
24. FUNERAL DIRECTOR William W. Eddy ADDRESS Osawatomie, Kans.		25. DATE RECD. BY LOCAL REG. 8-19-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related. Secondary conditions, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

MEDICAL CERTIFICATION
Fred. H. Lundgren Jr.
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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.