

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033350
STATE FILE NUMBER

FILED SEP 17 1958

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 60

5. 300
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1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Higginsville Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Higginsville</i> 0541
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Died at home</i>		Length of stay in lb 5 yrs.	d. STREET ADDRESS <i>200 Fairground Ave.</i> (If outside, give location)
3. NAME OF DECEASED (Type or print) First <i>Herbert</i> Middle <i>William</i> Last <i>Higgins</i>		4. DATE OF DEATH Month <i>9</i> Day <i>6</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 2, 1885</i>
9. AGE (In years last birthday) <i>73</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farm</i>	11. BIRTHPLACE (City and state or country) <i>Concordia, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Wm. Copey Higgins</i>	
13b. MOTHER'S MAIDEN NAME <i>Emma Parker</i>		14. NAME OF HUSBAND OR WIFE <i>Kitty Lightner Higgins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>McHarold Higgins</i> Address <i>Higginsville, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) <i>Found dead in bed by wife</i> DUE TO (c) <i>Dead four or five hours when found</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>4201</i>			INTERVAL BETWEEN ONSET AND DEATH
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 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 <i>after death</i> to <i>before</i> and last saw her/him alive on <i>before</i> Death occurred at <i>April 7 AM 9-6-58</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm. Martin Coronel</i> (Degree or title)		22b. ADDRESS <i>Odesse Mo</i>	22c. DATE SIGNED <i>9-6-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-8-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Church</i>	23d. LOCATION (City, town, or county) (State) <i>Lafayette County Missouri</i>
24. FUNERAL DIRECTOR <i>H. A. Hoefler</i> ADDRESS <i>Higginsville, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Sept 9, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Lutie Jordan Jordan</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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SEP 18 1958

JUN 17 1963

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 *Forrest R. Hooper*

Licensed Embalmer No.....4801.....
P. O. Address.....Higginsville, 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.