

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009785
STATE FILE NUMBER

FILED MAR 25 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 132

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-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 415 North Spring		Length of stay in lb 8 yrs.	d. STREET ADDRESS (If outside, give location) 415 North Spring		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alva Middle A. Last Higgins			4. DATE OF DEATH Month March Day 19 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 13, 1906	9. AGE (In years last birthday) 52	IF FUNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Department Co	11. BIRTHPLACE (City and state or country) Colorado		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Allan Higgins		13b. MOTHER'S MAIDEN NAME Bessie Campbell		14. NAME OF HUSBAND OR WIFE Hazel Higgins	
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. 523-10-3406		17. INFORMANT Address Hazel Higgins Independence, Missouri	
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 ATHEROSCLEROSIS & MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH YAS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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? 1 YES <input checked="" type="checkbox"/> NO <input 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.					
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 SEP 15, 1953 to MAR 19, 1959 and last saw ^{him} alive on DEC, 1958 Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John Richard Turner M.D.			22b. ADDRESS 10901 Winner Rd INDEP. Mo		22c. DATE SIGNED 3-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-23-59	23c. NAME OF CEMETERY OR CREMATORY Mound Grove		23d. LOCATION (City, town, or county) (State) Independence Missouri
24. FUNERAL DIRECTOR ADDRESS Roland R. Speaks Independence, Mo			25. DATE RECD. BY LOCAL REG. 3-22-59	26. REGISTRAR'S SIGNATURE Janner Higgins	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Follie Fessel*

Licensed Embalmer No. *4690*.....
P. O. Address *Indep. 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.