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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021155

STATE FILE NUMBER

JUL 14 1959 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Ironton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's of Ozarks — Length of stay in 1b: 3 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Madison
c. CITY OR TOWN: Fredericktown — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 203 W. College — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Joseph Middle: Peter Last: Higgins

4. DATE OF DEATH: Month: June Day: 20 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: July 8, 1893
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman
10b. KIND OF BUSINESS OR INDUSTRY: City Police
11. BIRTHPLACE (City and state or country): Fredericktown, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: John Higgins
13b. MOTHER'S MAIDEN NAME: Mary Dollinger
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Lorraine Naggy Address: Route 3 Arnold, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pyelitis — INTERVAL BETWEEN ONSET AND DEATH: 21 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of Kidney — 1 year
DUE TO (c): 180X
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 [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 5/31/59, to 6/20/59 and last saw her/him alive on 6/20/59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marvin C. Menne, MD (Degree or title)
22b. ADDRESS: 109 N. Main Ironton, Mo.
22c. DATE SIGNED: 6/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/23/59
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Madison County, Mo.

24. FUNERAL DIRECTOR: Najim Funeral Home, ADDRESS: Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.: 6-26-59
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 14 1959

AUG 3 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 Charles McCarty

Licensed Embalmer No. 4852

P. O. Address Fredericktown

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.