

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021429

STATE FILE NUMBER

REG JUL 13 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3146

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) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RAYTOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in lb. 8 days	d. STREET ADDRESS (If outside, give location) 7000 8 5740 BLUE RIDGE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

-3. NAME OF DECEASED (Type or print) First Middle Last SAUNDERS HIGGINS			4. DATE OF DEATH Month Day Year June 26, 1959	
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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 July 13, 1890	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery store manager	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Monett, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME A. T. Higgins	13b. MOTHER'S MAIDEN NAME Martha Montgomery	14. NAME OF HUSBAND OR WIFE Jewett
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 486 05 3372	17. INFORMANT Address VA Hospital Official Records, K. C. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Aspiration of vomitus DUE TO (c) 332X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left middle cerebral artery thrombosis and diabetes mellitus		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.)
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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., ec.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. attended the deceased from June 18, 1959 to June 26, 1959 Death occurred at 8:00 a mon the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) James W. Davis, M.D.	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 6-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 27, 1959	23c. NAME OF CEMETERY OR CREMATORY RAYTOWN	23d. LOCATION (City, town, or county) (State) Raytown, Missouri
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24. FUNERAL DIRECTOR D. W. Newcomer's Sons	ADDRESS 1331 Brush Creek R. C. Missouri	25. DATE RECD. BY LOCAL REG. 6-27-59	26. REGISTRAR'S SIGNATURE Blva Marshall
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James W. Davis
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 Vern Fowler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.