

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033326

FILED VS OCT 14 1959

Registration District No. **78** Primary Registration District No. **3054** Registrar's No. **120**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA		Length of stay in 1b 60 YRS	c. CITY OR TOWN LOUISIANA
c. FULL NAME OF (If NOT in hospital, give location) PIKE Co. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1015 TEXAS ST.
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOSEPH Middle HIGGINS Last HIGGINS			4. DATE OF DEATH Month OCT Day 6 Year 1959		
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5. SEX MALE	6. COLOR OR RACE COLORED	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-1-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEHOLD WORK - PRIVATE RESIDENCE	10b. KIND OF BUSINESS OR INDUSTRY EOLIA MO	11. BIRTHPLACE (City and state or country) U.S.G.	12. CITIZEN OF WHAT COUNTRY U.S.G.
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13a. FATHER'S NAME THOMAS HIGGINS	13b. MOTHER'S MAIDEN NAME LOUISE SMITH	14. NAME OF HUSBAND OR WIFE SALLIE HIGGINS
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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) NO	16. SOCIAL SECURITY NO. 487-46-6318	17. INFORMANT ARTEMUS SCOTT LOUISIANA 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hepatic failure		6-8 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of liver	4 mo.
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -----	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 1955 to 10/6/59 and last saw her him alive on 10/6/59 Death occurred at 1:12 P m on the date stated above, and to the best of my knowledge, from the causes/stated.
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22a. SIGNATURE (Degree or title) Chas H Luehler MD	22b. ADDRESS Louisiana Mo	22c. DATE SIGNED 10/8/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 8, 1959	23c. NAME OF CEMETERY OR REPOSITORY RIVERVIEW	23d. LOCATION (City, town, or county) (State) LOUISIANA MO
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24. FUNERAL DIRECTOR COLLIER FUNERAL SERVICE	ADDRESS LOUISIANA MO	25. DATE RECD. BY LOCAL REG. OCT 9 1959	26. REGISTRAR'S SIGNATURE Bernice Collier
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 12 1960

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.