

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020225

FILED VS JUN 15 1960

243

Primary Registration District No. 4264

Registrar's No. 26

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stella</u>		Length of stay in lb <u>4 Days</u>		c. CITY OR TOWN <u>Exeter</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDWELL - MEMORIAL</u>			Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>HORACE</u> Middle <u>B</u> Last <u>HIGGS</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>25</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>June 29 - 72</u>		9. AGE (last birthday) <u>87</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME <u>George Higgs</u>				13b. MOTHER'S MAIDEN NAME <u>SAMIRA BURTON</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. England Exeter Mo. R.F.D.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Dr. England Exeter Mo. R.F.D.</u> Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral anoxia</u>								INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Terminal pulmonary edema</u>								<u>4 days</u>	
DUE TO (c) <u>Myocardial decompensation</u>								<u>3 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>						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			
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.)					
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	
21. I attended the deceased from <u>5/21/60</u> to <u>5/25/60</u> and last saw him alive on <u>5/25/60</u> Death occurred at <u>5 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Fred R. Clark D.O.</u>				22b. ADDRESS <u>Box 88 Wheaton Mo.</u>				22c. DATE SIGNED <u>5/26/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 27-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Concord</u>		23d. LOCATION (City, town, or county) <u>Barry County Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>McQueen Funeral Home, wheaton mo</u>				25. DATE RECD. BY LOCAL REG. <u>6-2-60</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Moberly.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.