

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-007427

STATE FILE NUMBER

AMENDED

Registered District No.

Primary Registration District No. 3000

Registrar's No. 64

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ADAIR			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Length of stay in 1b 47 YRS		c. CITY OR TOWN KIRKSVILLE MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 W. HILDRETH ST.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 702 W HILDRETH ST	
3. NAME OF DECEASED (Type or print) First ESSIE Middle ANN Last HIGGS				4. DATE OF DEATH Month MARCH Day 10 Year 1961			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-17-1874	
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		11. BIRTHPLACE (City and state or country) HURDLAND MO	
10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE		11. BIRTHPLACE (City and state or country) HURDLAND MO		12. CITIZEN OF WHAT COUNTRY US			
13a. FATHER'S NAME JOHN BROWN				13b. MOTHER'S MAIDEN NAME MARY ROSS		14. NAME OF HUSBAND OR WIFE JOHN WM. HIGGS	
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. NONE		17. INFORMANT Address MRS JOHN FRENCH KIRKSVILLE MO			
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) Myocardial Failure							2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Arterio-sclerotic heart disease							10 years
DUE TO (c) Generalized arterio-sclerosis							
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	
19. WAS AUTOPSY PERFORMED? YES <input 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.		Month, Day, Year					
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 May 11, 1951 to March 10, 1961 and last saw her alive on March 10, 1961 Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Howard E. Gross, M.D.				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 3-12-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-12-61	23c. NAME OF CEMETERY OR CREMATORY LOOF CEMETERY		23d. LOCATION (City, town, or county) HURDLAND MO		(State)
24. FUNERAL DIRECTOR GREENING CLARENCE				25. DATE RECD. BY LOCAL REG. Mar. 13, 1961		26. REGISTRAR'S SIGNATURE Doris W Ratliff	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

Howard E. Gross, D.O.

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 V. Meander

Licensed Embalmer No. 4625

P. O. Address Clarence

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.