

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-021932

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 365

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0109

2 0109-

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <del>PERIOD OF DEATH</del> <b>FILED</b> JUL 2 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>BOONE Co</b>		a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b>		c. CITY OR TOWN <b>Columbia</b>	
Length of stay in 1b <b>3 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Univ. Mo. Med. Center</b>		d. STREET ADDRESS (If outside, give location) <b>514 S Williams</b>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES ALVIN HIGGINS</b>		4. DATE OF DEATH Month Day Year <b>JUNE 24 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-29-96</b>
9. AGE (last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CAR SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Knox Co. Indiana</b>
12. CITIZEN OF WHAT COUNTRY <b>USA.</b>		13a. FATHER'S NAME <b>Aaron Higgins</b>	
13b. MOTHER'S MAIDEN NAME <b>Eveline Black Higgins</b>		14. NAME OF HUSBAND OR WIFE <b>Billie Higgins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I.</b>		16. SOCIAL SECURITY NO. <b>15 wife</b>	
17. INFORMANT <b>same</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer of Liver</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetic</b>			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 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 <b>5/26/62</b> to <b>6/24/62</b> and last saw <b>him</b> live on <b>June 24, 1962</b>			
Death occurred at <b>4:50 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edward E. Jammons MD</b>		22b. ADDRESS <b>Columbia, Missouri</b>	22c. DATE SIGNED <b>6/24/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JUNE 25 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BAKER CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>LUTESVILLE MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>BAKER FUNERAL HOME LUTESVILLE, MO</b>		25. DATE RECD. BY LOCAL REG. <b>June 29 1962</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Edward A. Graham, Student Embalmer No. 645  
working under my personal supervision.

Student Edw. A. Graham  
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville 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.