

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035083

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 91

FILED OCT 8 1962

VS 300 Rev. 4/59	DATE AMENDED
17001	
270012	
3	
4 0	
5 1	
6	
7 0	
8 2	
95271	
10	
11	
12 0-0	
13 2-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Blue Springs</u>		Length of stay in 1b <u>40 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>110 So. 10th St.</u>		d. STREET ADDRESS (If outside, give location) <u>110 So. 10th St.</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>L</u> Last <u>Higgins</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 8 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Crew (Retired) Railroad Grand Pass Mo</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Higgins</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Higgins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		17. INFORMANT <u>Pearl Higgins Blue Springs Mo</u>	
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>cardiac failure (acute)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary emphysema</u>		DUE TO (c) <u>2 yrs +</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Asthma</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 _____ 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 <u>10-18-60</u> to <u>9-23-62</u> and last saw him alive on <u>9-17-62</u> . Death occurred at <u>4:15 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>Merrill R. Bay M.D.</u>		22b. ADDRESS <u>Blue Springs Mo</u>	
22c. DATE SIGNED <u>9-24-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/26/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>
24. FUNERAL DIRECTOR <u>Webb Funeral Home Blue Springs Mo</u>		26. REGISTRAR'S SIGNATURE <u>D.B. Longford</u>	

USE BLACK INK OR TYPEWRITER RIBBON

OCT 16 1962

OCT 9 1962

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 William Facer

Licensed Embalmer No. 4733

P. O. Address Blue Springs 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.