

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5869

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6059 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural 8 mi. West Collins</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural 8 Mi. W- Collins</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>8 miles west of Collins Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Margaret</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Burrow</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb; 8 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6/3/1863</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR <b>8</b> Months <b>5</b> Days	IF UNDER 24 HRS. <b>5</b> Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeping</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ST. Clair County Mo;</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Marion Higgins</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>----</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Kay Higgins Collins Mo;</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>DUE TO (c)</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 6 1950**, to **Feb 8 1950**, that I last saw the deceased alive on **Feb 7 1950**, and that death occurred at **5:15P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. E. D. Brown</b> (Degree or title) <b>Do</b>	23b. ADDRESS <b>Collins Mo.</b>	23c. DATE SIGNED <b>2/9/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/10/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holsapple</b>	24d. LOCATION (City, town, or county) (State) <b>Collins Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 17 1950</b>	REGISTRAR'S SIGNATURE <b>Keith Seavers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Goodrich</b>	ADDRESS <b>Osceola Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 1-50-105

Date Filed 2-20-50

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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 .....  
Student Embalmer

Signed A. B. Goodrich

Licensed Embalmer No. 3088

P. O. Address Osceola 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 this body is not embalmed, fact should be so stated above.