

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28090

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 198			
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. LENGTH OF STAY (In this place) 1 Year		c. CITY (If outside corporate limits, write RURAL and give township) RURAL Smith T.S. 0530					
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home				d. STREET ADDRESS (If rural, give location) 10 Miles E. of Lebanon 0					
3. NAME OF DECEASED (Type or Print) Mary		a. (First) Ellen		b. (Middle) Higgins		c. (Last)			
4. DATE OF DEATH		August 15, 1954		7. DATE OF BIRTH		August 24, 1873 80			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. AGE (In years, last birthday) 80			
9. MONTHS		Days		Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and State or Foreign Country) Salem Mass.			
12. CITIZEN OF WHAT COUNTRY U.S.A.				13a. FATHER'S NAME James Higgins		13b. MOTHER'S MAIDEN NAME Catherine Ryan			
14. NAME OF HUSBAND OR WIFE None.				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'S SIGNATURE OR NAME Mr. John Higgins				ADDRESS Richland, Rt. 2					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>menia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		592 X			
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?					
22. I hereby certify that I attended the deceased from <u>Feb.</u> , 1954, to <u>8-15, 1954</u> , that I last saw the deceased alive on <u>8-15, 1954</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B.B. Hurst, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>8-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Catholic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-17-1954</u>		REGISTRAR'S SIGNATURE <u>Hella S. Mayo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Palmer</u>		ADDRESS <u>Lebanon</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received **AUG 21 1954**  
Laclede County Health Unit  
File No. **8754-133**  
Date Filed **AUG 24 1954**

**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 Stanley R. Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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.