

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005695

FILED VS MAR 2 1960 99

Primary Registration District No. _____ Registrar's No. 8

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Andrew	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Union Star		Length of stay in 1b 30 days	c. CITY OR TOWN rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D.# 2.

3. NAME OF DECEASED (Type or print) First Lee Middle O. Last Higgins			4. DATE OF DEATH Month Feb. Day 17 Year 60			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 19, 82	9. AGE (last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain		11. BIRTHPLACE (City and state or country) Andrew Co., Mo.		12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME Joseph Higgins			13b. MOTHER'S MAIDEN NAME Mary Thomas		14. NAME OF HUSBAND OR WIFE Katherine Higgins	
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. 494 40-9220		17. INFORMANT Address Kenneth Higgins Union Star, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 da.
DUE TO (b) Arterio-sclerosis cerebral		
DUE TO (c) _____		
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"/> N- <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 **2-8-60** to **2-17-60** and last saw her/him alive on **2-17-60**.
Death occurred at **5 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. B. Backler MD		22b. ADDRESS King City		22c. DATE SIGNED 2-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 20, 60	23c. NAME OF CEMETERY OR CREMATORY Union Star	23d. LOCATION (City, town, or county) (State) Union Star, Missouri	
24. FUNERAL DIRECTOR ADDRESS Roland Clark King City Mo		25. DATE RECD. BY LOCAL REG. 2-24-60	26. REGISTRAR'S SIGNATURE Rand Davidson	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roland D. Clark

Licensed Embalmer No. 4474

P. O. Address King City 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.