

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 101 STATE FILE NUMBER 0005362

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0109
2 0260
3
4 0
5 1
6
7 0
8 1
9 X
10
11 026
12 2-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia, Mo.</u> Length of stay in lb <u>56</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY OR TOWN <u>Centertown</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Franklin Lee Higgins</u>		4. DATE OF DEATH Month Day Year <u>Feb 14 1965</u>	
5. SEX <u>M</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>10-22-32</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lather</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Centertown Cole, Mo.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>
13a. FATHER'S NAME <u>Charley A. Higgins</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Jean Higgins</u>	
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1950-1954</u>		16. SOCIAL SECURITY NO. <u>486-34-1673</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>Respiratory Arrest</u> DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>Skull fracture and Cerebral Contusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>7 weeks</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>1:45</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto in which patient riding struck telephone pole.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HiWay</u>	
20f. CITY, TOWN, OR LOCATION <u>Centertown</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>Feb. 1, 1965</u> to <u>Feb. 14, 1965</u> and last saw him alive on <u>Feb. 13, 1965</u> Death occurred at <u>5:05</u> AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. Wayne Reynolds M.D.</u> (Degree or title)		22b. ADDRESS <u>University Missouri Med. Center</u>	
22c. DATE SIGNED <u>Feb 14, 1965</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/16/65</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Centertown</u>		23d. LOCATION (City, town, or county) (State) <u>Centertown Missouri</u>	
24. FUNERAL DIRECTOR <u>Boula Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 14 1965</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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MAR 1 1965

MAR 2 1965

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 John P. Boulton
Licensed Embalmer No. 5150

P. O. Address Caljouini, 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.