

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. CITY OR TOWN (If outside city limits, give precinct no.) University Park	
c. LENGTH OF STAY in l b. 4 Hours		d. STREET ADDRESS (If rural, give location) 4004 Southwestern (Dallas)	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION St. Paul Hospital		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) (a) First Michael (b) Middle Franklin (c) Last Higgins Jr.			4. DATE OF DEATH March 21, 1969		
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 5-27-09	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scout		10b. KIND OF BUSINESS OR INDUSTRY Houston Astros		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Michael Franklin Higgins Sr.		
14. MOTHER'S MAIDEN NAME Mattie Orr			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) WW II		
16. SOCIAL SECURITY NO. 031-01-9601			17. INFORMANT Mrs. Hazen Higgins by MW Mrs. Hazen Higgins		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute myocardial infarction with atherosclerotic fibulation		3 hrs
DUE TO (b)		
DUE TO (c) Atherosclerosis		years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

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 a.m. p.m.		
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 building, etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I hereby certify that I attended the deceased from **2-29** 19**68** to **3-21** 19**69** and last saw the deceased alive on **3-21** 19**69**. Death occurred at **2:16 P.** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arch M. McNeil M.D.	22b. ADDRESS 6011 Harry Hines Blvd	22c. DATE SIGNED 3-23-69
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-24-69	23c. NAME OF CEMETERY OR CREMATORY Hillcrest
23d. LOCATION (City, town, or county) (State) Dallas Texas	24. FUNERAL DIRECTOR'S SIGNATURE Ronald D. Dugley PARKMAN/HILLCREST NORTHWEST HWY	
25a. REGISTRAR'S FILE NO. 2158	25b. DATE REC'D BY LOCAL REGISTRAR MAR 24 1969	25c. REGISTRAR'S SIGNATURE Maurine Larum

NON-RESIDENT

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