

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Dallas</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>University Park</b>	
c. LENGTH OF STAY in l b. <b>4 Hours</b>		d. STREET ADDRESS (If rural, give location) <b>4004 Southwestern (Dallas)</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>St. Paul Hospital</b>		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 <b>Michael</b> (b) Middle <b>Franklin</b> (c) Last <b>Higgins Jr.</b>		4. DATE OF DEATH <b>March 21, 1969</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-27-09</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Scout</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Houston Astros</b>	9. AGE (In years last birthday) <b>59</b>
11. BIRTHPLACE (State or foreign country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Michael Franklin Higgins Sr.</b>		14. MOTHER'S MAIDEN NAME <b>Mattie Orr</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give year or dates of service) <b>WW II</b>		16. SOCIAL SECURITY NO. <b>031-01-9601</b>	
17. INFORMANT <b>Mrs. Hazen Higgins by MW</b>		17. INFORMANT <b>Mrs. Hazen Higgins</b>	

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

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

MEDICAL CERTIFICATION

TEXAS DEPARTMENT OF HEALTH  
RECEIVED APR 9 1969  
BUREAU OF VITAL STATISTICS