STATE OF TEXAS 057-01-2 057-09 **CERTIFICATE OF DEATH** 4109 30 STATE FILE NO. **16307**

Field	Entry
1. PLACE OF DEATH a. COUNTY	Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.)	Dallas
c. LENGTH OF STAY in 1 b.	4 Hours
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	St. Paul Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS?	YES [X] NO [ ]
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	Texas
b. COUNTY	Dallas
c. CITY OR TOWN (If outside city limits, give precinct no.)	University Park
d. STREET ADDRESS (If rural, give location)	4004 Southwestern (Dallas)
e. IS RESIDENCE INSIDE CITY LIMITS?	YES [X] NO [ ]
f. IS RESIDENCE ON A FARM?	YES [ ] NO [X]
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 / Never Married / Widowed / Divorced	Married [X]
8. DATE OF BIRTH	5-27-09
9. AGE (In years last birthday)	59
IF UNDER 1 YEAR (Months, Days) / IF UNDER 24 HRS. (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 war or dates of service)	WW II
16. SOCIAL SECURITY NO.	031-01-9601
17. INFORMANT	Mrs. Hazen Higgins gy MW Mrs. Hazen Higgins

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction with auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) Arteriosclerosis — years

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 12-29 1968 to 3-21 1969 and last saw the deceased alive on 3-21 1969. 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 (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Arch J McNeill MD	6011 Harry Hines Dallas Tex	3-23-69

Field	Entry
23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial
23b. DATE	3-24-69
23c. NAME OF CEMETERY OR CREMATORY	Hillcrest
23d. LOCATION (City, town, or county)	Dallas
(State)	Texas
24. FUNERAL DIRECTOR'S SIGNATURE	SPARKMAN/HILLCREST NORTHWEST HWY Ronald L. Siegle
25a. REGISTRAR'S FILE NO.	2158
25b. DATE REC'D BY LOCAL REGISTRAR	MAR 24 1969
25c. REGISTRAR'S SIGNATURE	Maurine Lamm

4031 — NON-RESIDENT

MEDICAL CERTIFICATION

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