

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14668
Registrar's No. 27

BIRTH NO. _____		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 4536		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) MATTIE b. (Middle) Johnson c. (Last) Higginbotham			4. DATE OF DEATH (Month) (Day) (Year) MAY 5 1949				
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH MAY 4, 1875		9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Days -	11. UNDER 1 HRS. Hours 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Washington D		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William D. Hornsey		13b. MOTHER'S MAIDEN NAME Sarah J. Nicholson		14. NAME OF HUSBAND OR WIFE Jeff Higginbotham			
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. _____		17. INFORMANT'S SIGNATURE OR NAME Litcher Higginbotham ADDRESS Potosi, MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wrenches (pulmonary) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralysis Aetars 4 yrs. DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 3 das.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					350X
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 4/1, 1939, to 5/5, 1949, that I last saw the deceased alive on 5/5, 1949, and that death occurred at 6:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE H. Frankwell (Degree or title)				23b. ADDRESS Potosi, Mo		23c. DATE SIGNED 5/7/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 8, 1949	24c. NAME OF CEMETERY OR CREMATORY New Masonic		24d. LOCATION (City, town, or county) Potosi, Missouri (State)		
DATE REC'D BY LOCAL REG. 5/7/49		REGISTRAR'S SIGNATURE H. Frankwell		FUNERAL DIRECTOR'S SIGNATURE 4095 Boger Funeral Home		ADDRESS Potosi, Mo.	

RECEIVED

Dist. Health Officer No. 4
Dist. File Number 549-622
Date Filed 5-9-49

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
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Pataskala, 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 this body is not embalmed, fact should be so stated above.