

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15639

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3029 Registrar's No. 127

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>HENRY Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON MO</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater</u> R. 7 S. 2 E. | |
| c. LENGTH OF STAY (in this place) <u>4 DAYS</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u> | | | |

| | | | | | | | | | |
|---|--|-----------------------------------|--|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>IDA</u> | | a. (First) <u>IDA</u> | | b. (Middle) <u>HIGMAN</u> | | c. (Last) <u>HIGMAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14 1949</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 8. DATE OF BIRTH <u>May 14 - 1865</u> | | 9. AGE (In years last birthday) <u>84</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

| | | | | | |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>John W. Higman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Morgan</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>700</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Higman, Deepwater, RR</u> | |

| | | | | | |
|---|--|---|--|--|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CONDITIONS Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>3 3/4 X</u> | |
|---|--|---|--|--|--|

| | | | | | |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | | 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 5/11, 1949, to 5/14, 1949, that I last saw the deceased alive on 5/13, 1949, and that death occurred at 8:50 A.M. m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Dr. J. W. Wetzel</u> | | 23b. ADDRESS <u>21 D.O. 105 E. Ohio. CLINTON MO</u> | | 23c. DATE SIGNED <u>5/14/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 16 - 49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lowney City Cem. Lowney City Mo.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Deepwater, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Florence Adair</u> | | ADDRESS <u>422 S. Main St. Deepwater, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-16-49</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 11 1949

RECEIVED

District Health Officer N

District File Number 4-49

Date Filed 5-23

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.

Signed

Tom Hunt

Signed

Student Embalmer

Licensed Embalmer No. 2782

P. O. Address

Peapack, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.