

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29229

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1052

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6528 Ridgeway St.			d. STREET ADDRESS (If rural, give location) 6528 Ridgeway St.		

3. NAME OF DECEASED (Type or Print) FLORENCE			a. (First) B.		b. (Middle) HIGBE		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 9 28 1949		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-12-1876		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Gilborn, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Jack Herring		13b. MOTHER'S MAIDEN NAME Alvira Graves		14. NAME OF HUSBAND OR WIFE George Higbe	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Higbe, St. Joseph, Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver						7 months
ANTECEDENT CAUSES	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Revascular Arteriosclerosis					Months
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS					15 1/2 hr
	Conditions contributing to the death but not related to the disease or condition causing death. Extensive bed sores					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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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)	
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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?		
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22. I hereby certify that I attended the deceased from June 1949, to September 1949, that I last saw the deceased alive on Sept. 28, 1949, and that death occurred at 7:55 P. M., from the causes and on the date stated above.

23a. SIGNATURE M. D. U		23b. ADDRESS 228 ILLINOIS AVE, St. Joseph		23c. DATE SIGNED 9/29/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-30-1949	24c. NAME OF CEMETERY OR CREMATORY Gilford Cemetery	24d. LOCATION (City, town, or county) (State) Gilford, Missouri		
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DATE REC'D BY LOCAL REG. Oct 4, 1949	REGISTRAR'S SIGNATURE G. B. Jenkins		3822	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Rupp, St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Alvin E. Buzan

Student Embalmer No. *342*

working under my personal supervision.

Student *Alvin E. Buzan*
Student Embalmer

Signed

John E. Rupp
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.