

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 21 1949 STANDARD CERTIFICATE OF DEATH

State File No. **36393**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1245**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (In this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 417 East First	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2			

3. NAME OF DECEASED (Type or Print)	a. (First) MARGARET	b. (Middle) LOUISA	c. (Last) HIGHBARGER	4. DATE OF DEATH (Month) (Day) (Year) 11 15 49
-------------------------------------	----------------------------	---------------------------	-----------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/11/73	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
----------------------	-------------------------------	--	---------------------------------	---	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--

13a. FATHER'S NAME Dave F. Shupe	13b. MOTHER'S MAIDEN NAME LaVifa Pamalia Bowman	14. NAME OF HUSBAND OR WIFE Joel S. Highbarger, dec.
--	---	--

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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Otto Bleich, Sr., Maryville, Mo.	ADDRESS
---	--	---	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis		3 yrs
	DUE TO (c) arteriosclerosis		10 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic			3 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) No	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 **Nov 15, 1948**, to **11-15, 1949**, that I last saw the deceased alive on **11-15, 1949**, and that death occurred at **8:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS State Hospital #2	23c. DATE SIGNED 11-15-49
--	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/19/49	24c. NAME OF CEMETERY OR CREMATORY Miriam	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
--	------------------------------	---	---

DATE REC'D BY LOCAL REG Nov. 17, 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Maryville, Mo.
---	---	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

P 5493

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 Clum M. Pucci.....

Licensed Embalmer No. 1822.....

P. O. Address Maryville, 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.