

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16369

0460
3

REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5552 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Myatt Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 3 hrs		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aid Lake		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) DELMAR	b. (Middle) FRANK	c. (Last) HIGBY	June 2, 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 29, 1933
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) office boy		10b. KIND OF BUSINESS OR INDUSTRY Hoffman Cigar Co.	11. BIRTHPLACE (State or foreign country) 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Rev. H. A. Higby	
13b. MOTHER'S MAIDEN NAME Pearl Adams		14. NAME OF HUSBAND OR WIFE none	
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. 487-36-7285	
17. INFORMANT'S SIGNATURE OR NAME Rev. H. A. Higby,		ADDRESS West Plains, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING - ACCIDENTAL ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) while on fishing trip - DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E. 924 70	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 146	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE Delmar H. Davis, M.D.		23b. ADDRESS Howell Co., West Plains, Mo.	23c. DATE SIGNED 6/5/51
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Jun. 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery	24d. LOCATION (City, town, or county) (State) near Mtn. Grove, Mo.
DATE REC'D BY LOCAL REG. 6-7-51	REGISTRAR'S SIGNATURE Beatrice Cook	FUNERAL DIRECTOR'S SIGNATURE Hal Thawburgh	ADDRESS West Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 13 1951

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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

Hal Thompson

Licensed Embalmer No. 3408

P. O. Address W. Plains, M.

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.