

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2132

State File No.

FILED FEB 4 1952.

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4363 Registrar's No. 1

1730
4

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

| | | | |
|---------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Fairview, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Purdy</u> | |
| c. LENGTH OF STAY (in this place) <u>2 mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>0050</u> <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairview Rest Home</u> | | | |

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|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u> b. (Middle) <u>E.</u> c. (Last) <u>Highbarger</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1952</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u> | |
| 8. DATE OF BIRTH <u>June 3, 1885</u> | | 9. AGE (In years last birthday) <u>66</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Saline Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | |

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|----------------------------------------------|--|-------------------------------------------------|--|-----------------------------------------|--|
| 13a. FATHER'S NAME <u>Pete W. Highbarger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary E. Moppin</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
|----------------------------------------------|--|-------------------------------------------------|--|-----------------------------------------|--|

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|--------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|-------------------------------------------------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>-----</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Simon Highbarger, Purdy, Mo.</u> | |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> |
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|------------------------|--|----------------------------------|--|----------------------------------------------------------------------------------|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 July 2, 1946, to Jan 15, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 10:10 A m., from the causes and on the date stated above.

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|--------------------------------------------------------------------|--|------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>J. D. Baldwin</u> (Degree or title) <u>D. O.</u> | | 23b. ADDRESS <u>Purdy Mo</u> | | 23c. DATE SIGNED <u>1-15-52</u> | |
|--------------------------------------------------------------------|--|------------------------------|--|---------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-18-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Purdy Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Purdy, Mo.</u> | | | | | |

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|-------------------------------------------|--|-----------------------------------------------------|--|---------------------------------------------------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>1-20-1952</u> | | REGISTRAR'S SIGNATURE <u>Alpha Dejeu</u> <u>369</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Koon Cassville, Mo.</u> | |
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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 W.C. Kern

Licensed Embalmer No. 435-9

P. O. Address Crossville, 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.