

FILED FEB 13 1952

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2325

2325

|   |                              |  |   |  |  |   |                                  |
|---|------------------------------|--|---|--|--|---|----------------------------------|
| BIRTH NO.   |                              | REG. DIST. NO. <u>292</u>  |   | PRIMARY REG. DIST. NO. <u>3055</u>   |  | Registrar's No. <u>18</u>                     |                                  |
| 1. PLACE OF DEATH   |                              |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).         |  |   |                                  |
| a. COUNTY<br><u>Polk</u>  |                              | b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Bolivar</u>                 |   | a. STATE<br><u>Missouri</u>  |  | b. COUNTY<br><u>Polk</u>                      |                                  |
| c. LENGTH OF STAY (In this place)   |                              | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Bolivar</u>                 |   | d. STREET ADDRESS (If rural, give location)<br><u>235 E. College</u>                           |  | <u>1841</u>                                   |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>235 E. College</u>  |                              |  |   | d. STREET ADDRESS (If rural, give location)<br><u>235 E. College</u>                           |  |   |                                  |
| 3. NAME OF DECEASED   |                              |  | 4. DATE OF DEATH                                      |  |  | 5. SEX  |                                  |
| a. (First)<br><u>John</u>   | b. (Middle)<br><u>Howard</u> | c. (Last)<br><u>Higginbotham</u>   | (Month)<br><u>Feb.</u>                                | (Day)<br><u>1</u>  | (Year)<br><u>1952</u>  | male <u>0</u>                                 | 6. COLOR OR RACE<br><u>white</u> |
| (Type or Print)   |                              |  |   |  |  |   |                                  |
| 5. SEX  |                              | 6. COLOR OR RACE   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   |  | 8. DATE OF BIRTH                              |                                  |
| male <u>0</u>   | white                        | single <u>0</u>  | July 19, 1939   | 9. AGE (In years last birthday)  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 11. BIRTHPLACE (State or foreign country)     | 12. CITIZEN OF WHAT COUNTRY?     |
| 12  | student                      | 10b. KIND OF BUSINESS OR INDUSTRY  | Bolivar, Mo.  | U.S.A.   |  |   |                                  |
| 13a. FATHER'S NAME<br><u>Howard C. Higginbotham</u>   |                              |  | 13b. MOTHER'S MAIDEN NAME<br><u>Elsie Studenovsky</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.                               |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS  |   |                                  |
| no  |                              |  | none  |  | Mrs. Elsie Hopkins<br>Bolivar, Mo.   |   |                                  |
| 18. CAUSE OF DEATH  |                              |  |   | MEDICAL CERTIFICATION  |  |   |                                  |
| Enter only one cause per line for (a), (b), and (c)   |                              |  |   | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis; Inanition &amp; Debility</u> |  |   |                                  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                              |  |   | INTERVAL BETWEEN ONSET AND DEATH   |  |   |                                  |
| 2. ANTECEDENT CAUSES  |                              |  |   | DUE TO (b) <u>Carcinoma left lung, lower lobe and left upper jaw</u>                           |  |   |                                  |
| 3. OTHER SIGNIFICANT CONDITIONS   |                              |  |   | DUE TO (c) <u>Primary site, sarcoma of rt. tibia</u>   |  |   |                                  |
| 19a. DATE OF OPERATION  |                              |  |   | 19b. MAJOR FINDINGS OF OPERATION   |  |   |                                  |
|   |                              |  |   | 196X   |  |   |                                  |
| 20. AUTOPSY?  |                              | YES <input type="checkbox"/>   |   | NO <input 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 <u>birth</u> , 19 <u>  </u> , to <u>Feb. 1</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>52</u> and that death occurred at <u>4:20</u> a.m., from the causes and on the date stated above. |                              |  |   |  |  |   |                                  |
| 23a. SIGNATURE (Degree or title)  |                              |  |   | 23b. ADDRESS   |  | 23c. DATE SIGNED                              |                                  |
| <u>M. J. Quimber</u>  |                              |  |   | Bolivar, Mo.   |  | 2-1-52  |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                              | 24b. DATE  |   | 24c. NAME OF CEMETERY OR CREMATORY   |  | 24d. LOCATION (City, town, or county) (State) |                                  |
| burial <u>13</u>  |                              | Feb. 3, 1952   |   | Salem Cemetery   |  | Polk County, Mo.                              |                                  |
| DATE REC'D BY LOCAL REG.  |                              | REGISTRAR'S SIGNATURE  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS   |  |   |                                  |
| Feb 4, 1952   |                              | <u>Ralph Gordon Jewell</u>   |   | 258-0<br>Turpin Funeral Home   |  | Bolivar, Mo.                                  |                                  |

(Licensed Embalmer's Statement on Reverse Side)

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

841

**STATEMENT BY LICENSED EMBALMER**

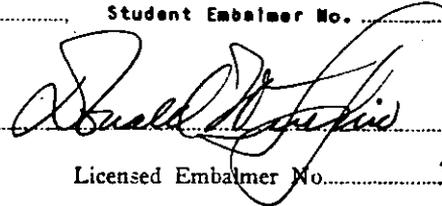
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.