U.S. No. 200
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 7 1952

State File No. 8826

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) De Soto
c. LENGTH OF STAY (In this place) YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1205 So Third St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) De Soto 0502
d. STREET ADDRESS (If rural, give location) 1205 So Third St.

3. NAME OF DECEASED (Type or Print) a. (First) Press b. (Middle) Graves c. (Last) Higginbotham
4. DATE OF DEATH (Month) (Day) (Year) 3-16-1952
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 3-1875
9. AGE (In years last birthday) 76 | If under 1 year: Months Days | If under 1 hr.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gen'l Farming
11. BIRTHPLACE (City and State or Foreign Country) Fertile Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Z. F. Higginbotham
13b. MOTHER'S MAIDEN NAME Margaret Hawkins
14. NAME OF HUSBAND OR WIFE May Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME May Higginbotham ADDRESS De Soto, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastroenteritis, cause undetermined. — INTERVAL BETWEEN ONSET AND DEATH 6 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized arteriosclerosis. arteriosclerotic heart disease. 15 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 5711

22. *I hereby certify that I attended the deceased from* — *, 19* 49 *, to* March 16 *, 19* 52 *, that I last saw the deceased alive on* March 15 *, 19* 52 *, and that death occurred at* 10 00 *Am., from the causes and on the date stated above.*

23a. SIGNATURE Thomas A. Dornell (Degree or title) M.D.
23b. ADDRESS DeSoto Mo
23c. DATE SIGNED 3-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-19-52
24c. NAME OF CEMETERY OR CREMATORY Masonic
24d. LOCATION (City, town, or county) (State) Blackwell, Mo.

DATE REC'D BY LOCAL REG. 3-20-52
REGISTRAR'S SIGNATURE Marie Farrier 146
25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead ADDRESS De Soto Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED MAR 24 1952

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 Andrew H England

Licensed Embalmer No. 47845

P. O. Address Ste Sato, 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.