

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23448

FILED JUL 11 1952

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6233 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Campbranch)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Campbranch)	
c. LENGTH OF STAY (in this place) 26 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION North of Warrenton		d. STREET ADDRESS (If rural, give location) North of Warrenton	

3. NAME OF DECEASED (Type or Print)	a. (First) Lee	b. (Middle) Anna	c. (Last) Higginbotham	4. DATE OF DEATH (Month) (Day) (Year) June 30, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 7, 1862	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Stone	13b. MOTHER'S MAIDEN NAME Frances Crouch	14. NAME OF HUSBAND OR WIFE Wm. Higginbotham, decd.
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lester Jones, R.R.#1	ADDRESS New Truxton MO.
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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		19. INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **June 21, 1952** to **June 30, 1952**, that I last saw the deceased alive on **June 27, 1952** and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Anderson	(Degree or title)	23b. ADDRESS Warrenton, Mo.	23c. DATE SIGNED July 1, 52
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24a. BURIAL CREMATION-REMOVAL (Specify) Burial	24b. DATE 7-2-52	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Mo.
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DATE REC'D BY LOCAL REG. 7-7-52	REGISTRAR'S SIGNATURE Floyd A. Logan	25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co.	ADDRESS Warrenton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *John J. Lieburg*

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, 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.