No. 300
10.48

FILED NOV 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35409

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 465

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spring City 0730
d. STREET ADDRESS (If rural, give location): R Rt. #4 /

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): D.
c. (Last): Higginbotham

4. DATE OF DEATH (Month) (Day) (Year): October 18 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: April 30 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: Retired
11. BIRTHPLACE (City and State or Foreign Country): Spring City, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Oscar Higginbotham
13b. MOTHER'S MAIDEN NAME: Lucy Horton
14. NAME OF HUSBAND OR WIFE: Corda Higginbotham

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.: Unk.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Corda Higginbotham Spring City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c) Hypertensive cardiovascular disease. — years

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 443X
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?

22. *I hereby certify that I attended the deceased from* 10/17, 1952, *to* 10/18, 1952, *that I last saw the deceased alive on* 10/18, 1952 *and that death occurred at* 9:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nelson S. Butterworth M.D. 0
23b. ADDRESS: 410 Jackson, Joplin, Mo.
23c. DATE SIGNED: 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 10-21-52
24c. NAME OF CEMETERY OR CREMATORY: Hornet Cemetery
24d. LOCATION (City, town, or county) (State): Hornet, Missouri

DATE REC'D BY LOCAL REG.: 10-23-52
REGISTRAR'S SIGNATURE: Ed O. James 138 by Dolores Lampkin's Dr.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STEVE PARKER MORTUARY JOPLIN MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-5-52
Jasper County Health Office

County File Number 52/11/852

Date Filed 11-5-52

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 F. M. Jones

Licensed Embalmer No. 2369

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.