No. 300
10.48

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

FILED DEC 1 1952

STANDARD CERTIFICATE OF DEATH

State File No. 39407

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 70

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mc Donald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson 0601
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Marietta b. (Middle) c. (Last) Higgs
4. DATE OF DEATH (Month) (Day) (Year): November 6 1952
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 18 1872
9. AGE (In years last birthday): 80 | 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U
13a. FATHER'S NAME: John H. Chapman
13b. MOTHER'S MAIDEN NAME: Harriet Coddington
14. NAME OF HUSBAND OR WIFE: Luther Higgs
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.:
17. INFORMANT'S SIGNATURE OR NAME: Sara Higgs ADDRESS:

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) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Uterus — 5 years
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: 174 X
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* 1-1, 1948, *to* 11-6, 1952, *that I last saw the deceased alive on* 11-3, 1952, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: G. W. Blankenship (Degree or title) M.D.
23b. ADDRESS: Anderson Mo.
23c. DATE SIGNED: 11-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 9, 1952
24c. NAME OF CEMETERY OR CREMATORY: Anderson Cemetery
24d. LOCATION (City, town, or county) (State): Anderson Mo.

DATE REC'D BY LOCAL REG.: 11-20-52
REGISTRAR'S SIGNATURE: Mayme Humphrey 423-0
25. FUNERAL DIRECTOR'S SIGNATURE: Cleta Mae Cheatham ADDRESS: Tatum Funeral Home, Anderson
(Licensed Embalmer's Statement on Reverse Side)

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. 474
working under my personal supervision.

Student Ray L. Adams
Student Embalmer

Signed Loosley Thompson Jr.
Licensed Embalmer No. 4861
P. O. Address Neosho, Mo.

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

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