

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8960**

FILED MAR 21 1953

BIRTH NO. _____		REG. DIST. NO. 443		PRIMARY REG. DIST. NO. 3007		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brosley 0120			
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.				d. STREET ADDRESS (If rural, give location) Route #1			
3. NAME OF DECEASED (Type or Print) a. (First) Jay			b. (Middle) B.			c. (Last) Higginbotham	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1953							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 27, 1885	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Self			11. BIRTHPLACE (State or foreign country) Richland County, Wisconsin.	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME Nathan Higginbotham			13b. MOTHER'S MAIDEN NAME Deborah Waller			14. NAME OF HUSBAND OR WIFE Ida Higginbotham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aubrey Higginbotham Viola, Wisconsin			
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) Pneumonia, Bronchial, Acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exposure after having a DUE TO (c) Cerebral hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs 14 hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 2-27 , 1953, to 2-27 , 1953, that I last saw the deceased alive on Feb 25, 1953 , and that death occurred at 2:45 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE J. W. Tronda (Degree or title) M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 3-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/28/53		24c. NAME OF CEMETERY OR CREMATORY Sabin Cemetery		24d. LOCATION (City, town, or county) (State) Sabin, Richland County, Wis.	
DATE REC'D BY LOCAL REG. APR 10 1953		REGISTRAR'S SIGNATURE Glyde A. Bridger		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Butler Funeral Service, Inc. Richland Center, Wis.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St. Poplar Bluff - 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.