S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16993

FILED JUN 3 1953

BIRTH NO. 4029 REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 14 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Barton 0060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Minden Mines Mo
c. LENGTH OF STAY (in this place): 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): c/o Mrs Helen Moore

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper 0492
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City Mo
d. STREET ADDRESS (If rural, give location): 1426 Nelson St.

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

4. DATE OF DEATH (Month) (Day) (Year): May 7 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Mar 20 1883
9. AGE (In years last birthday): 70 — 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:
11. BIRTHPLACE (State or foreign country): Carl Junction, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Helen Moore — **ADDRESS**: Minden Mines 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) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

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

DUE TO (b) Aortic Regurgitation — years

DUE TO (c) mitral stenosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 410 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* Nov 15, 1952 *to* May 7, 1953 *that I last saw the deceased alive on* May 7, 1953 *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen W Sandridge MD
23b. ADDRESS: Mulberry Kans
23c. DATE SIGNED: 5/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Carl Junction Cemetery
24d. LOCATION (City, town, or county) (State): Carl Junction, Mo

DATE REC'D BY LOCAL REG.: May 30, 1953
REGISTRAR'S SIGNATURE: Charlotte McDowell 1420-0
25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side): Johnston-Arnold-Simpson Mortuary
ADDRESS: Webb City Mo

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 Jeremy E. Bruce

Licensed Embalmer No. 4463

P. O. Address Wave City, 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.