

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18070**
Registrar's No. **2446**

BIRTH MOY **JUN 9 1953**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 3 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 1937 Harvard	
3. NAME OF DECEASED (Type or Print) a. (First) Opal b. (Middle) Francis c. (Last) Higdon		4. DATE OF DEATH (Month) (Day) (Year) 5 12 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/8/1905
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store-Partner East Side Dry Goods	11. BIRTHPLACE (City and State or Foreign Country) Vernon County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William M. Francis	
13b. MOTHER'S MAIDEN NAME Myrtle Comstock		14. NAME OF HUSBAND OR WIFE Clarence F. Higdon	
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. 487-10-0218	
17. INFORMANT'S SIGNATURE OR NAME Clarence F. Higdon		ADDRESS 1937 Harvard, Indep.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) History of epilepsy DUE TO (c) Cerebral edema			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia (c) glioblastoma of brain		1937	
19a. DATE OF OPERATION 5/11/53		19b. MAJOR FINDINGS OF OPERATION Brain tumor Uterine polypoid	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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 4-29 , 19 53 to 5-12 , 19 53 , that I last saw the deceased alive on 5-12 , 19 53 and that death occurred at 7:30 Am. , from the causes and on the date stated above.			
23a. SIGNATURE J. G. Montgomery M.D.		23b. ADDRESS Professor Bldg K.C. Mo	
23c. DATE SIGNED 5/12/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/15/53	
24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Fort Scott, Kansas	
DATE REC'D BY LOCAL REG 5-12-53		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C., MO.		ADDRESS	

Dr. Jas. M. T. Gormery - Prof. Body
Rm 1040 - 2:30 - 5:00

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 Clayton A. Barnes
Licensed Embalmer No. 4793

P. O. Address A. C. 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.