

SEP 4 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 20419

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>		c. CITY OR TOWN <b>Neosho</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>15 Yrs</b>		e. STREET ADDRESS (If rural, give location) <b>1013 No. College</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1013 No. College</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nona</b>	b. (Middle) <b>Elma</b>	c. (Last) <b>Higley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 20 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 22, 1880</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John S. Vawter</b>	13b. MOTHER'S MAIDEN NAME <b>Elizebeth Grindstead</b>	14. NAME OF HUSBAND OR WIFE <b>Albert R. Higley, Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J.B. Vawter</b> ADDRESS <b>Los Angeles, Calif.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5/2/53</b> <b>6-8/20/53</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>1561</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 2, 1953**, to **Aug 20, 1953** that I last saw the deceased alive on **8-20, 1953** and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul C. Davis M.D.</b> (Degree or title)	23b. ADDRESS <b>Neosho Mo</b>	23c. DATE SIGNED <b>8/22/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 22, 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetary</b>	24d. LOCATION (City, town, or county) (State) <b>Neosho, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-31-53</b>	REGISTRAR'S SIGNATURE <b>Malvern C. Bowman M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK-DIGHEAV</b> ADDRESS <b>NEOSHO MO</b>
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0732

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

SEP 10 1959

RECEIVED

District Health Officer No. .... NEWTON COUNTY HEALTH UNIT

District File Number 953-169

Date Filed SEP 3 1959

NEOSHO, MISSOURI

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..... Signature of Student Embalmer

Signed..... Jesse O. Sullivan, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.