

S. No. 300
V. 10.48

FILED OCT 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37266
9665

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Long Beach.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital.				e. STREET ADDRESS (If rural, give location) 8040 S				
3. NAME OF DECEASED (Type or Print) a. (First) CARRIE TERRILL HIGBEE			b. (Middle) _____			c. (Last) _____		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 6, 1863		
9. AGE (In years last birthday) 90		# UNDER 1 YEAR Months _____		# UNDER 6 Mos. Days _____		# UNDER 24 Hrs. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher			10b. KIND OF BUSINESS OR INDUSTRY Retired 1931		11. BIRTHPLACE (City and State or Foreign Country) Vary, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Asa M. Higbee			13b. MOTHER'S MAIDEN NAME Martha E. Ham			14. NAME OF HUSBAND OR WIFE _____		
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 Files of Christian Old Peoples Home			
18. CAUSE OF DEATH (Enter only on cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction in fall from fire escape Lower nephros nephrosis				INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days		
*This does not mean the mode of death, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES (Mention conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)				DUE TO (b) _____		
		DUE TO (c) Arteriosclerotic Heart Disease				unk		
		3. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				Generalized arteriosclerosis		
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6600 Westington		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) oct (Day) 7-1953 (Year) about 10 PM (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall from fire escape E9027				
22. I hereby certify that I attended the deceased from oct 7, 1953 , to oct 9, 1953 , that I last saw the deceased alive on oct 8, 1953 and that death occurred at 1:30 A.M. , from the causes and on the date stated above. DDO								
23a. SIGNATURE (Degree or title) Robert S Warner MD				23b. ADDRESS Paul Baum Bldg LMO		23c. DATE SIGNED oct 7 53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 10, 1953		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. OCT 9 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Ave ADDRESS _____				

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 719

P. O. Address St. Louis

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.