

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37267**
Registrar's No. **10088**

FILED OCT 30 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 3 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Liberty	
		d. STREET ADDRESS (If rural, give location) 1100 1	

3. NAME OF DECEASED (Type or Print) a. (First) Lenwood b. (Middle) Bleedsaw c. (Last) Higginbotham			4. DATE OF DEATH (Month) (Day) (Year) Oct 19-1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov-5-1892		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 11 Days 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Washington County, Mo	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Lytle B. Higginbotham		13b. MOTHER'S MAIDEN NAME Nancy Nicholson		14. NAME OF HUSBAND OR WIFE Lena E. Higginbotham	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lena E. Higginbotham, Potosi, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 42a1	

22. I hereby certify that I attended the deceased from **Oct. 17, 1953**, to **Oct. 19, 1953**, that I last saw the deceased alive on **Oct. 19, 1953** and that death occurred at **11:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Keda M.D.		23b. ADDRESS Humboldt Bldg		23c. DATE SIGNED 10/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-22-1953		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	
		24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 22 1953 Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith		ADDRESS Potosi, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING 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

Mary M. Smith

Licensed Embalmer No. *4394*

P. O. Address *Potosi, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.