

STANDARD CERTIFICATE OF DEATH

44261

State File No. 11732

FILED DEC 17 1953

BIRTH NO. 20227 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11732

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO		c. LENGTH OF STAY (In this place) 2 hrs		c. CITY OR TOWN DESOTO,		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 ST. ANTHONY'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 602 MCKISSOCK 05071					
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) GLENN c. (Last) HIGGINBOTHAM			4. DATE OF DEATH 12-10-53		5. SEX MALE		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="checkbox"/>		8. DATE OF BIRTH 12-10-53		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME GLENN C. HIGGINBOTHAM			13b. MOTHER'S MAIDEN NAME LYDIA SAUNDERS			14. NAME OF HUSBAND OR WIFE NONE			
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 GLENN C. HIGGINBOTHAM, DE SOTO, MISSOURI				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity & incomplete development</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7593							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert L. Nye, M.D.</u> (Degree or title)				23b. ADDRESS <u>3201 Arsenal St., St. Louis Mo.</u>				23c. DATE SIGNED <u>11 Dec 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>12-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN		24d. LOCATION (City, town, or county) (State) DE SOTO, MISSOURI			
DATE REC'D BY LOCAL REG. DEC 12 1953		REGISTRAR'S SIGNATURE <u>Charles Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. LEE MOTHERSHEAD, DE SOTO, MISSOURI				

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..... *Andrew H. England*

Licensed Embalmer No. *4745*

P. O. Address *46 Soto M*

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.