

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33936

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4845

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>9 weeks</u>	c. CITY OR TOWN <u>Richmond</u> <u>10890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles north Richmond</u>	

3. NAME OF DECEASED (Type or Print) <u>Polly</u>	a. (First)	b. (Middle)	c. (Last) <u>Higdon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>18</u> - <u>54</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-27-1883</u>	9. AGE (In years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lawson Patterson</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>See Higdon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Milton J. Higdon</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>occlusion, coronary artery</u>		19. ADDRESS <u>779 1/2 miles cut off</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>occlusion, coronary artery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u>		<u>1 yr. +</u>
DUE TO (c) <u>Repub company occlusion</u>		<u>2 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hiatal hernia</u>		<u>1 yr. +</u>

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?

22. I hereby certify that I attended the deceased from 8/20, 1954 to 10/18, 1954, that I last saw the deceased alive on 10/18/54, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>James A. Jarvis</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Kansas City, Mo</u>	23c. DATE SIGNED <u>10/18/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-19-54</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Guest-Sill</u>	ADDRESS <u>Richmond, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

DEC 6 1956

WRITE PLAINLY—USING UNFADING BLACK INK—

## MEDICAL CERTIFICATION

INTERVAL  
ONSET AND18. CAUSE OF DEATH  
Enter only one cause per  
line for (a), (b), and (c)I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_\*This does not mean  
the mode of dying, such  
as heart failure, asthenia,  
etc. It means the dis-  
ease, injury, or complica-  
tion which caused death.

## ANTECEDENT CAUSES

Morbidity 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 OPERA-  
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOP

YES 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)  
m.21e. INJURY OCCURRED  
WHILE AT  NOT WHILE  
WORK  AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the de-  
ceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)REMOVAL

24b. DATE

OCT. 18, 1954

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

DATE REC'D BY LOCAL  
REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

QUEST-LIFE FUNERAL HOME, RICHMOND, VA  
per [Signature]

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

me, or by ....., Student Embalmer No.....

working under my personal supervision..

Ident.....  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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.