

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19160

State File No. ....

FILED JUN 28 1955

|   |  |  |   |   |  |   |  |  |  |
|---|--|--|---|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>157</u>  |   | PRIMARY REG. DIST. NO. <u>3028</u>  |  | Registrar's No. <u>100</u>  |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jasper</u>   |  |   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Carthage</u>   |  |  | c. LENGTH OF STAY (In this place)                   |   | c. CITY OR TOWN <u>Carthage</u>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1301 Regan</u>   |  |  |   | STREET ADDRESS (If rural, give location) <u>1301 Regan</u>  |  |   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Bertha</u>   |   | b. (Middle) <u>Bell</u>   |  | c. (Last) <u>Higginbotham</u>   |  |  |  |
|   |  | 4. DATE OF DEATH   |   | (Month) (Day) (Year)  |  | <u>June 9, 1955</u>   |  |  |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |  | 8. DATE OF BIRTH<br><u>Feb. 2, 1911</u>   |  |  |  |
|   |  | 9. AGE (In years last birthday)<br><u>44</u>   |   | IF UNDER 1 YEAR<br>Months   |  | IF UNDER 24 HRS.<br>Days Hours Min.   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u> |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>  |  |  |
| 13a. FATHER'S NAME<br><u>W. R. Higginbotham</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Maude Goudy</u>     |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Joe Higginbotham</u>                              |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><u>None</u>                          |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Joe Higginbotham 1301 Regan</u>   |  |   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma cervix</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 yrs</u> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><br><u>171 X</u>   |   |   |  | 20. AUTOPSY?<br>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) m.  |  | 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 <u>6-21, 1952</u> to <u>6-9, 1955</u> , that I last saw the deceased alive on <u>6-8, 1955</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above. |  |  |   |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>M. Foster White</u>  |  |  |   | 23b. ADDRESS<br><u>M. D. Carthage, Missouri</u>   |  | 23c. DATE SIGNED<br><u>6-10-55</u>  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>6-12-55</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Bethlehem Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Barton County Missouri</u>      |  |  |  |
| DATE REC'D BY LOCAL REG.<br><u>6-14-55</u>  |  | REGISTRAR'S SIGNATURE<br><u>Edw. Clutter 1390</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Knell Mortuary Carthage, Mo.</u>   |  |   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Gene C. Pugh*

Licensed Embalmer No. 47

P. O. Address *Cathage*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.