

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19661

State File No.

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5952 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-CAWUMET</u>	c. LENGTH OF STAY (in this place) <u>9 YEARS</u>	c. CITY OR TOWN <u>CLARKSVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.F.D #1, CLARKSVILLE, MO</u>		STREET ADDRESS (If rural, give location) <u>R.F.D #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>HIGGINBOTHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16, 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 3, 1888</u>	9. AGE (In years last birthday) <u>66</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLN Co, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>JAMES WALTON HIGGINBOTHAM</u>	13b. MOTHER'S MAIDEN NAME <u>MERRIE D. PAXTON</u>	14. NAME OF HUSBAND OR WIFE <u>FANNIE GUY HIGGINBOTHAM</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. H. H. HIGGINBOTHAM - CLARKSVILLE, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>		
	DUE TO (c) <u>Bronchial Asthma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>10 yrs.</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1954 to 6-16, 1955, that I last saw the deceased alive on 6-15, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. L. Lemellen M.D.</u>	23b. ADDRESS <u>Louisiana, Missouri</u>	23c. DATE SIGNED <u>6-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CLARKSVILLE, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-19-55</u>	REGISTRAR'S SIGNATURE <u>Rudolph A. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. M. Collier, Louisiana, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 8 1957

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 *Geo. M. Collier*

Licensed Embalmer No. *383*
P. O. Address *Louisiana*

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.