

Health, Welfare, Public Service, 000-56, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or conditions related to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8708  
STATE FILE NUMBER 975

FILED MAR 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 975

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 300 Benton Blvd. INSTITUTION <b>Benton Manor</b>		Length of stay in yrs. <b>60 yrs.</b>	d. STREET ADDRESS <b>2524 Brighton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MARIE</b> Middle <b>C.</b> Last <b>HIGINBOTHAM</b>			4. DATE OF DEATH Month <b>2</b> Day <b>28</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 25, 1886</b>	9. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Water Dept.</b>	11. BIRTHPLACE (City and state or country) <b>Manhattan, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>George A. Higinbotham</b>			14. MOTHER'S MAIDEN NAME <b>Katherine Rossi</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-26-2189</b>	17. INFORMANT <b>Nephew John C. Higinbotham</b> Address <b>2514 Brighton</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>155X</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Adenocarcinoma of liver primary</b>					<b>7 months +</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Hypertensive Cardiovascular disease</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>7-16-1956</b> to <b>2-28-57</b> and last saw her/him alive on <b>2/26/57</b> Death occurred at <b>1:30 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>H. A. Underwood, M.D.</b>			22b. ADDRESS <b>5100 E. 24th K.C. Mo</b>		22c. DATE SIGNED <b>3/1/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-2-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b> (State)	
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b>		ADDRESS <b>1800 E. Linwood</b>	25. DATE RECD. BY LOCAL REG. <b>3-2-57</b>	26. REGISTRAR'S SIGNATURE <b>Neve Marshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
H. A. Underwood

(Licensed Embalmer's Statement on Reverse Side)

Dr Underwood

5100 E 24

BEI-8818

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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 *Melvin Burton*

Licensed Embalmer No. *49*

P. O. Address *KC*

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