

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014682  
STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 79

S. 300.  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> <u>1493</u>	
b. CITY OR TOWN <u>Carthage</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Carthage</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>509 Euclid</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Edgar Higdon</u>			4. DATE OF DEATH Month Day Year <u>April 8, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 8, 1871</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (retired)</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9c. AGE (In years at birthday) <u>86</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Carthage, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Higdon</u>	
13b. MOTHER'S MAIDEN NAME <u>Esther Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Permelia Logan</u>	
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 Address <u>Mrs. Thomas E. Higdon, Carthage, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Kidney failure</u> DUE TO (c) <u>Nephrosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>Intertrochanteric fracture of right femur</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>8 days</u> <u>Years -</u> <u>446XF</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fall in own bedroom -</u>		20c. TIME OF INJURY Hour Month, Day, Year <u>10:30 p.m. Mar. 25, '58</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
20f. CITY, TOWN, OR LOCATION <u>Carthage</u>		20g. COUNTY <u>Jasper</u>	
20h. STATE <u>Mo -</u>		21. I attended the deceased from <u>March 26, 1958</u> to <u>April 8, 1958</u> and last saw him alive on <u>April 8, 1958</u> Death occurred at <u>4:00</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Charles A. Adell M. D.</u> (Degree or title)		22b. ADDRESS <u>Carthage, Mo.</u>	
22c. DATE SIGNED <u>4-9-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4-10-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grilla Cemetery</u>	
23d. LOCATION (City, town, or county) <u>One Mile N. of Grilla, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Ulmer Funeral Home, Carthage, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 10, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Elly Clenton</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

County File Number 58-4-366  
Date Filed APR 23 1958

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 *Edwin L. Shum...*

Licensed Embalmer No. 4955  
P. O. Address *Carthage, Mo.*

- - 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.