Health, & Welfare Public Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035702
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 495

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Southeast Hosiptal — Length of stay in lb 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN Fredricktown — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 0621 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Sophia Middle Last Higbee

4. DATE OF DEATH Month Oct Day 14 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept 19 1879
9. AGE (In years last birthday) 79 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Iron Mountain Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Edward Dugan
13b. MOTHER'S MAIDEN NAME Louise Wicham
14. NAME OF HUSBAND OR WIFE Samuel Higbee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Samuel Higbee, Fredricktown, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Operative Shock — INTERVAL BETWEEN ONSET AND DEATH 6-8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Radical Surgery for
DUE TO (c) Ca Bladder — 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1810

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-6-58, to 10-14-58 and last saw her alive on 10-13-58
Death occurred at 5:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS 219 N. Pacific Cape Girardeau Mo.
23. DATE SIGNED 10-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct 14 1958
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Farmington Mo.

24. FUNERAL DIRECTOR Miller Funeral Home ADDRESS Farmington Mo.
25. DATE RECD. BY LOCAL REG. Oct. 23, 1958
26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 Neil H. Grossheider

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.