

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021885

STATE FILE NUMBER

FILED JUN 23 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 298

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>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Carthage</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General hospital</u>		Length of stay in lb <u>9 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>Rte 4 Box 787</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 EDWARD HIGGINBOTHAM JR</u>			4. DATE OF DEATH Month Day Year <u>June 12, 1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 12, 1959</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months Days <u>8 52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Joplin, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas E. Higginbotham</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Lankford</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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 <u>T.E. Higginbotham</u>		Address <u>Rte 4, 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>Pulmonary edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardiac defect - not determined</u> DUE TO (c) <u>Congenital</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs 52 mins</u>		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 Month, Day, Year 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 <u>6/12/59</u> to <u>6/12/59</u> and last saw ^{her} him alive on <u>6-12-59</u>		20f. COUNTY STATE	
21. I attended the deceased from Death occurred at <u>11:25</u> p m on the date stated above; and to the best of my knowledge, from the causes stated.		21. SIGNATURE (Degree or title) <u>W Martin, M.D. 1</u>		22a. ADDRESS <u>709 Joplin St Joplin Mo</u>	
22b. DATE SIGNED <u>6/13/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>6-14-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cemetery</u>		23d. LOCATION (City, town, or county) <u>Barton County, Mo</u>		23d. STATE (State)	
24. FUNERAL DIRECTOR <u>KNELL MORTUARY</u>		ADDRESS <u>Carthage, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-18-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Noce Merriam</u>		26. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Parthage 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.