DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

-60-043694

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10948 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 11 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fermin Desloge Hosp.
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First FILLMORE Middle FRANK Last HIGGINBOTHAM
4. DATE OF DEATH: Month November Day 11 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-7-1898
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Distributor
10b. KIND OF BUSINESS OR INDUSTRY: Vess Bottling Co.
11. BIRTHPLACE (City and state or country): Potosin, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas F. Higginbotham
13b. MOTHER'S MAIDEN NAME: Mabel Roussin
14. NAME OF HUSBAND OR WIFE: Emma B. Higginbotham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-1 Navy
16. SOCIAL SECURITY NO.: 493-03-4342
17. INFORMANT: Emma B. Higginbotham Address: Rt. 2 DeSota, Missouri

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): Carcinoma of Prostate meta-static to bone — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~
DUE TO (c): Carcinoma of Prostate — 4 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 177X
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 4/23/58 to 11/11/60 and last saw ~~her~~ him alive on 11/11/60
Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: 3915 Watson Rd.
22c. DATE SIGNED: 11/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-15-1960
23c. NAME OF CEMETERY OR CREMATORY: National Cem.
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS: Pfitzinger Mort-Kirkwood 22, Mo.
25. DATE RECD. BY LOCAL REG.: NOV 14 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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