

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040190

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1220

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

FILED DEC 4 1961

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| 1. PLACE OF DEATH a. COUNTY <i>Buchanan</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i> | | Length of stay in 1b <i>4 yrs. 11 Mon.</i> | c. CITY OR TOWN <i>St. Joseph</i> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hospital # 2</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <i>274 E. Valley St.</i> |

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| 3. NAME OF DECEASED (Type or print) First <i>Edward</i> Middle <i>C.</i> Last <i>Higdon</i> | | | 4. DATE OF DEATH Month <i>November</i> Day <i>27</i> Year <i>1961</i> | |
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|-----------------------|----------------------------------|--|--|-------------------------------------|---|-----------------|
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>Mar. 11, 1886</i> | 9. AGE (last birthday) <i>75</i> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Stock Yards Co.</i> | 11. BIRTHPLACE (City and state or country) <i>Gentryville, Mo.</i> | 12. CITIZEN OF WHAT COUNTRY <i>USA</i> |
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| 13a. FATHER'S NAME <i>Samuel Higdon</i> | 13b. MOTHER'S MAIDEN NAME <i>Josephine Dabney</i> | 14. NAME OF HUSBAND OR WIFE <i>Dessie Myrtle Higdon</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i> | 16. SOCIAL SECURITY NO. | 17. INFORMANT <i>Mrs. Myrtle Higdon 274 E. Valley St.</i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>4 years</i> |
| DUE TO (b) <i>Generalized Arteriosclerosis</i> | | <i>Unknown</i> |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>A patient in State Hospital # 2 since 2/12/56 Chronic Brain</i> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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.) <i>Syndrome associated cerebral arteriosclerosis</i> |
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| 20c. TIME OF INJURY Hour <i>6:40 a.</i> Month, Day, Year <i>11/26/1961</i> | 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 <i>St. Joseph, Mo.</i> | COUNTY <i>Mo.</i> | STATE <i>Mo.</i> |
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| 21. I attended the deceased from <i>11/26/1961</i> to <i>11/26/1961</i> and last saw him alive on <i>Nov. 26, 1961</i> Death occurred at <i>6:40 a.</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) <i>H. F. Mundy M.D.</i> | 22b. ADDRESS <i>St. Joseph, Mo., Nov. 27-1961</i> | 22c. DATE SIGNED |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>Nov. 29, 1961</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>Pattonsburg, Mo.</i> |
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| 24. FUNERAL DIRECTOR <i>Clark Funeral Home St. Joseph, Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>Nov. 28, 1961</i> | 26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Standell</i> |
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DATE AMENDED

INSTEAD OF

SHOULD-READ

DOCUMENT

BY AFFIDAVIT OF

H. F. Mundy, M.D. MEDICAL CERTIFICATION

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 Paul F. Tolock

Licensed Embalmer No. 5024

P. O. Address St. Joseph, 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.