

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047586

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 171

FILED JAN 7 1963

VS 300  
Rev. 4/59

10570  
28130

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121-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Indiana</b> b. COUNTY <b>Vanderburg</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bedford (twp)</b>		Length of stay in 1b <b>1 da.</b>	c. CITY OR TOWN <b>Evansville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1750 Weggendor Street</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Samuel W Higdon</b>			4. DATE OF DEATH Month Day Year <b>Dec. 28, 1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/15/1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	9. AGE (last birthday) <b>89</b>
11. BIRTHPLACE (City and state or country) <b>McCain Kentucky</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unavailable Higdon</b>		13b. MOTHER'S MAIDEN NAME <b>Unavailable</b>	
14. NAME OF HUSBAND OR WIFE <b>Annie Gertrude Higdon</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs Ruby Quick Elberseld Indiana</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA RIGHT LUNG</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 HRS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ARTERIOSCLEROTIC HEART DISEASE; PULMONARY EDEMA</b>			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>No.</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>NONE.</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>NONE</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>NONE</b>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>12-27-62</b> to <b>12-28-62</b> and last saw him alive on <b>12-27-62</b> Death occurred at <b>12-28-62 1:32 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert J. Briski M.D.</b>		22b. ADDRESS <b>TROY, MISSOURI</b>	22c. DATE SIGNED <b>12-28-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12/31/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>
23d. LOCATION (City, town, or county) <b>Evansville Indiana</b>		(State)	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>12-31-1962</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Seek</b>
ADDRESS <b>4700 Washington Blvd.</b>			

JAN 9 1963

**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 M Murray

Licensed Embalmer No. 37419

P. O. Address St. Louis, 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.