

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045223

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11056** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 **20**

4 **1**
5 **2**

7 **1**
8 **2**

10
11
12 **53-0**
13

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY			
		St. Louis		75 Years		Mo		St. Louis			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Bethesda General Hospital						6161 Columbia Ave					
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH		Month		Day	
Elizabeth Barber Higginbotham Binkard						November 6, 1963					
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR Months Days Hours Min.	
Female		White				11/20/1880		82			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY			
House Wife				Own Home		Harrisburg, Pennsylvania		U.S.A.			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
John Henry Higginbotham HIGGINBOTHAM				Harriet Barber				Frank Z. Binkard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)						16. SOCIAL SECURITY NO.		17. INFORMANT Address			
No						None		John W. Higginbotham 7570 Wellington			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)										20 days	
Broncho Pneumonia											
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last.											
DUE TO (b)											
491X											
DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days.			
Arterio-sclerotic Heart disease								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.		Month, Day, Year		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		COUNTY STATE	
21. I attended the deceased from 8-6-63 to 11-7-63 and last saw her alive on 11-5-63 . Death occurred at 11 am 8/6/63 m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE M. Gustaf Dahms M.D. (Degree or title)						22b. ADDRESS 1452 So Grand			22c. DATE SIGNED 11/8/63		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		STATE			
Burial		11/8/63		Valhalla Cemetery		St. Louis County, Missouri		Missouri			
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd						DATE RECD. BY LOCAL REG. NOV 8 1963		25. REGISTRAR'S SIGNATURE Loed Smith, M.D.			

Dr. Gustav Dahms

1452 So. Grand Blvd

Pr. 1-2200

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

Vernon C. Veddar

Licensed Embalmer No. 5031

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.

By embalmer or student

Signature of Embalmer

Signature

Initials

Print Name and Address