S. No. 2
1—1/47
. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30592

Primary Registration District No. 3052

Registrar's No. 258

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 600 W. 4th (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: — (Specify whether In this community: 71 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia (If outside city or town limits, write "RURAL")
(d) Street No.: 600 W. Fourth (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Richard Riley Highleyman
3. (b) If veteran, name war: Spanish Amer War
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Josephine Highleyman
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: April (Month) 7 (Day) 1874 (Year)

8. AGE: Years 74 | Months 4 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace: Penn (City, town or county) (State or foreign country)
10. Usual occupation: Retired Railroad Engineer
11. Industry or business:
FATHER
12. Name: Richard Riley Highleyman
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Margaret Brady
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Josephine Highleyman
(b) Address: 600 W 4th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill Cem
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: 519 So. Ohio
19. (a) 9-1-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th year 1948 hour 12.15 P.M. minute ... M.

21. I hereby certify that I attended the deceased from Over one year, 19..., to August 29th, 1948; that I last saw him alive on August 28th, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism.	Few minutes.
Due to: Chronic Myocarditis. Arterio Sclerosis. Advanced	Over 1 year.
Due to: Senility.	
Other conditions: None other. (Include pregnancy within 3 months of death)	
Major findings: None. Of operations:	
Of autopsy: None.	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None.
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify yes or no)
(e) Means of injury:

23. Signature: Jno. B. Carlisle, M.D. (M.D. or other)
Address: Sedalia, Missouri. Date signed: August 31st, 1948.

Jno. B. Carlisle M.D.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____
Date Filed 10-1-48

OCT 4 1948

OCT 11 1948

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed K. P. McCoy

Licensed Embalmer No. 3153

P. O. Address Sidalia

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 this body is not embalmed, fact should be so stated above.