

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26917**
3527

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (in this place) **35 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **1107 Linwood Cornell Hotel**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. STREET ADDRESS (If rural, give location) **1107 Linwood Blvd. Cornell Hotel**

3. NAME OF DECEASED

a. (First) **Charles** b. (Middle) **A.** c. (Last) **HIGHTOWER**

4. DATE OF DEATH (Month) (Day) (Year) **Aug. 17, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **March 20, 1880** 9. AGE (In years last birthday) **70**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shipping Clerk**

10b. KIND OF BUSINESS OR INDUSTRY **Tension Envelope Co.**

11. BIRTHPLACE (State or foreign country) **Lawson, Mo.**

12. CITIZENRY OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **John Hightower** 13b. MOTHER'S MAIDEN NAME **Angelia Standiford** 14. NAME OF HUSBAND OR WIFE **Mrs. Cora Helen Hightower**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **499-10-3523** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Cora H. Hightower** ADDRESS **1107 Linwood K.C. Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial infarction**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **coronary sclerosis** **years**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **4-01**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **March 14, 1950**, to **August 17, 1950**, that I last saw the deceased alive on **August 14, 1950**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Harry Statland** (Degree or title) **M.D.** 23b. ADDRESS **1406 Bryant Bldg.** 23c. DATE SIGNED **Aug. 17, 1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-19-50** 24c. NAME OF CEMETERY OR CREMATORY **mt. Moriah** 24d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

DATE REC'D BY LOCAL REG. **8-17-50** REGISTRAR'S SIGNATURE **D. Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Melody-MoGilley-Eylar** ADDRESS **Kansas City, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

DR. HARRY STATLAND
BRYANT BLDG.
VI - 1311

11 to 3 — THRU

SEP 12 1950

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Glenn E. Neek*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.