

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29909

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Bunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u> 0351	
c. LENGTH OF STAY (in this place) <u>ten years</u>		d. STREET ADDRESS (If rural, give location) <u>405 N. Marion</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>EMERSON</u> b. (Middle) <u>LAWRENCE</u> c. (Last) <u>HIGHFILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9. 8. 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-2-1893</u>
9. AGE (in years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Bresden Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>W. F. Highfill</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Vaughn</u>	14. NAME OF HUSBAND OR WIFE <u>Hettie Highfill</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>W. F. Highfill</u> ADDRESS <u>Kennett Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malignant hypertension</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>334X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Malden</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bunklin Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1949</u> to <u>Sept 8 1950</u> , that I last saw the deceased alive on <u>Sept 2 1950</u> , and that death occurred at <u>11:45</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ambridge M.D.</u>		23b. ADDRESS <u>Malden Mo</u>	23c. DATE SIGNED <u>9/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9/10/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grude</u>	24d. LOCATION (City, town, or county) (State) <u>Senath Mo</u>
DATE REC'D BY LOCAL REG <u>Sept 16, 1950</u>	REGISTRAR'S SIGNATURE <u>J. D. Schumann</u> 87	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson - San Joseph Ark.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

351

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-18-50
COUNTY FILE NUMBER 950-266

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 _____

X

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John T. Emerson*

Licensed Embalmer No. *895*

P. O. Address *Jonesboro, Ark.*

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.