

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34918**  
Registrar's No. **8593**

BIRTH NO. 68927-150 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAINT LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAINT LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SAINT LOUIS MATERNITY</b>		d. STREET ADDRESS (If rural, give location) <b>5536 PERSHING AVE.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>PATRICIA</b>	b. (Middle) <b>JEAN</b>	c. (Last) <b>HIGHTOWER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 11 1950</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>OCT. 9, 1950</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Days <b>1</b> IF UNDER 12 Mths. Hours <b>3</b> Mins. <b>25</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CLAUDE EUGENE HIGHTOWER</b>	13b. MOTHER'S MAIDEN NAME <b>CLEO BELLE COX</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ST. LOUIS MATERNITY HOSPITAL</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital atelectasis</u> DUE TO (c) <u>Cerebral hemorrhage &amp; edema</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>762.5</b>
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22. I hereby certify that I attended the deceased from Oct. 9, 1950, to Oct. 11, 1950, that I last saw the deceased alive on Oct. 11, 1950, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Penney, M.D.</u>	23b. ADDRESS <u>114 Plant Ave. Webster</u>	23c. DATE SIGNED <u>10/11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/11/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 11 1950</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton &amp; Sons</u>	ADDRESS <u>7233 Delmar</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

*Not*  
*Embalmed*