

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1902

State File No. 03113339

S. No. 300  
V. 10-48

FILED FEB 3 1953

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3/27H 11000 1953  
Registrar's No. 1762

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3/27H 11000 1953		Registrar's No. 1762	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, (If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (In this place) 5 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION 518 S. Elliott				d. STREET ADDRESS (If rural, give location) 518 S. Elliott			
3. NAME OF DECEASED (Type or Print) GUY		a. (First) Clarence		b. (Middle) Hightower		c. (Last)	
4. DATE OF DEATH Jan. 27, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 12, 1891		9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		11. BIRTHPLACE (City and State or Foreign Country) Prosperity, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Prosperity, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Lelia Hightower			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-01-5369		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lelia Hightower, 518 S. Elliott, Webb City, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Generalized Arterio sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 72 hrs	
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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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 July 15, 1950, to Jan 27, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 8:45A m., from the causes and on the date stated above.							
23a. SIGNATURE James V. Flaherty M.D. (Degree or title)				23b. ADDRESS 319 W. Main Carterville Mo		23c. DATE SIGNED 1-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-29-53		24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery		24d. LOCATION (City, town, or county) (State) N. of Webb City, Mo.	
DATE REC'D BY LOCAL REG. 1-29-53		REGISTRAR'S SIGNATURE Mrs. Madeline Dintz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo			

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

RECEIVED 2-2-53  
Jasper County Health Office

County File Number 52/2/100

Date Filed 2-2-53

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 .....  
Student Embalmer

Signed Jack C. Simpson  
Licensed Embalmer No. 4647

P. O. Address Webb 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.