

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 65

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN SEDALIA</u>		c. LENGTH OF STAY (In this place) <u>year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN SEDALIA</u>		<u>0804</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>WOODLAND HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>316 West 4th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILBUR</u>			b. (Middle) <u>HULL</u>		c. (Last) <u>HIGHLEYMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13, 1953</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>July 12, 1872</u>	9. AGE (In years last birthday) <u>80</u>	# UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	# UNDER 24 HRS Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE EXEC.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SEDALIA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>SAMUEL L. HIGHLEYMAN</u>			13b. MOTHER'S MAIDEN NAME <u>LAURA HULL</u>		14. NAME OF HUSBAND OR WIFE <u>CORA BECK</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SAMUEL HIGHLEYMAN JR., SEDALIA, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration with</u> <u>myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4222</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10-15 yrs.</u> <u>10-15 yrs.</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.)		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 <u>7-7, 1951</u> , to <u>2-13, 1953</u> , that I last saw the deceased alive on <u>2-13, 1953</u> , and that death occurred at <u>11:25 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. H. H.</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Woodland Hospital Sedalia</u>		23c. DATE SIGNED <u>2/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/16, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SEDALIA, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>2/16/53</u>		REGISTRAR'S SIGNATURE <u>W. H. H. H.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. H. H. SEDALIA, MO.</u>			

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

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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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.