

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

17681

FILED MAY 18 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 468

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2110 N Newton</u>		d. STREET ADDRESS (If rural, give location) <u>2110 N Newton</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ANGUS</u>		b. (Middle)		c. (Last) <u>HIGHT</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 13 1953</u>	
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Jan 25, 1897</u>	
<b>9. AGE</b> (In years last birthday) <u>56</u>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <u>Produce Buyers</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Mansfield, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Wool &amp; Fur Grader</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Produce Buyers</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Mansfield, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Thomas Hight</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Cora Hight</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs Cora Hight, Springfield, Mo.</u>			

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Don't know</u>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hepatic carcinoma</u>		<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>1561</u>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from** Sept. 5, 1952 to 5, 13, 1953, that I last saw the deceased alive on 5, 13, 53, 19, and that death occurred at 1:10A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>Springfield, Mo.</u>		<b>23c. DATE SIGNED</b> <u>5, 15, 53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>May 16, 1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Eastlawn Cemetery</u>	
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Springfield, Missouri</u>			

<b>DATE REC'D BY LOCAL REG.</b> <u>5-15-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Alma Schmeyer, Springfield, Mo.</u>		<b>ADDRESS</b> <u>[Address]</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Musick  
Med. Ints.

MISSOURI STATE BOARD OF HEALTH

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 James W. Warr

Licensed Embalmer No. 46370

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.