

# STANDARD CERTIFICATE OF DEATH

State File No. **24227**

**FILED AUG 10 1953**

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>98</u>		
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fishing River</u>		c. LENGTH OF STAY (in this place) <u>0000</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fishing River</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles S. Excelsior Springs</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles S. Excelsior Springs</u>				d. STREET ADDRESS (If rural, give location) <u>7 miles S. Excelsior Springs</u>				
3. NAME OF DECEASED (Type or Print) <u>GIDEON</u>			a. (First)		b. (Middle)		c. (Last) <u>HIGHTOWER</u>	
4. DATE OF DEATH <u>July 30, 1953</u>		Month		Day		Year		
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>Nov 22, 1877</u>		
9. AGE (in years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Washington Hightower</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy O'Dell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Hightower</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Hightower, Rt. #1, Excelsior Springs, 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						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cardiac asthma</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
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)		21f. HOW DID INJURY OCCUR?		
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"/>						
22. I hereby certify that I attended the deceased from <u>3/29/53</u> , 19 <u>53</u> , to <u>7/30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7/28/53</u> , 19 <u>53</u> , and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. M. G. Orsinden</u>				23b. ADDRESS <u>O. M. D. Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>8/4/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8/4/53</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		62-C 25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u>		ADDRESS <u>Excelsior Springs, Mo.</u>		

(Licensed Embalmers' Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Linde R. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.