

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25847

State File No.

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u> d. STREET ADDRESS (If rural, give location) <u>623 E. 13th. St.</u> <u>2</u>	
3. NAME OF DECEASED (Type or Print) <u>MAY</u> a. (First) <u>HIGHLEYMAN</u> b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30</u> <u>1953</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 8, 1872</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) / <u>Bellaire, Ohio</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R.R. Highleyman</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Brady</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wilbur Elliott, Dallas, Texas</u>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lymphatic Leukemia</u> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malignancy of bowel</u>		INTERVAL BETWEEN ONSET AND DEATH <u>July 27 1953</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2040</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE (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) m.		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>24 June, 1953</u>, to <u>July 30, 1953</u>, that I last saw the deceased alive on <u>30 July, 1953</u>, and that death occurred at <u>10:50 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M.D. Campbell</u>		23b. ADDRESS <u>312 1/2 S. Ohio, Sedalia, Mo.</u>	
23c. DATE SIGNED <u>31, July, 53</u>			
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/1/1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-31-53</u>		REGISTRAR'S SIGNATURE <u>M.D. Campbell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Eckhart</u>		ADDRESS <u>Sedalia, Mo.</u>	

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 Russell C. Maa

Licensed Embalmer No. 48090

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.