

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045** Registrar's No. **102**

0672

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) Charleston		c. CITY (If outside corporate limits, write RURAL and give township) Charleston	
c. LENGTH OF STAY (In this place) 50 Years		d. STREET ADDRESS (If rural, give location) 506 Cleveland St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 506 Cleveland St.			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Harvey c. (Last) Highsmith			4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April, 11, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor		10b. KIND OF BUSINESS OR INDUSTRY Grain Co.	11. BIRTHPLACE (State or foreign country) Crawford Co. Ill.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Madison Highsmith		13b. MOTHER'S MAIDEN NAME Betsy Ellen Darone		14. NAME OF HUSBAND OR WIFE Ada Ellen Highsmith	
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. 488-03-2705		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Ellen Highsmith, Charleston, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) I		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza Intestinal		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Aug 2, 1953**, to **Dec. 3, 1953**, that I last saw the deceased alive on **Dec. 3, 1953**, and that death occurred at **9:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. W. ...	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED 12-15-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/6/53	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
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DATE REC'D BY LOCAL REG. 2-15-53	REGISTRAR'S SIGNATURE Jean ...	450	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Nunnelee Funeral Chapel, Charleston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 18 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed DEC 18 1953

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 Edward E. Mueller

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.