

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24169**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 607 E. College		e. STREET ADDRESS (If rural, give location) 607 E College	

3. NAME OF DECEASED (Type or Print)	a. (First) Maurice	b. (Middle) Highley	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 14 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 28 1874	9. AGE (In years last birthday) 79	F UNDER 1 YEAR Months 8 Days 16	F UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and State or Foreign Country) St. Francois County, Mo. USA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Highley	13b. MOTHER'S MAIDEN NAME Mary Williams	14. NAME OF HUSBAND OR WIFE Mildred Highley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maurice Highley ADDRESS Farmington Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchitis		2 wks.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of urinary bladder DUE TO (c)		3 wks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1, 1950**, to **July 14, 1954**, that I last saw the deceased alive on **July 13, 1954**, and that death occurred at **8:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Geo. H. Watkins, M.D.	(Degree or title) M.D.	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 7-16-54
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24a. BURIAL CREMATION REMOVAL (Specify) burial	24b. DATE July 16 1954	24c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial	24d. LOCATION (City, town, or county) (State) Desloge Mo.
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DATE REC'D BY LOCAL REG. July 16, 1954	REGISTRAR'S SIGNATURE Cather Rudloff	FUNERAL DIRECTOR'S SIGNATURE Cozean ADDRESS Farmington mo
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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.....
Signature of Student Embalmer

Signed..... *Chicozean*

Licensed Embalmer No. *4084*

P. O. Address *Farmington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.