

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4120

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3014 Registrar's No. 19

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Excelsior Springs</u> | c. LENGTH OF STAY (in this place)<br><u>4 years</u> | c. CITY OR TOWN <u>Excelsior Springs</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>705 Isley Blvd.</u>  |   | STREET ADDRESS (If rural, give location)<br><u>705 Isley, Blvd.</u> <u>60020</u>   |  |

|                                     |                        |                       |                            |  |
|-------------------------------------|------------------------|-----------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHN</u> | b. (Middle) <u>O.</u> | c. (Last) <u>HIGHTOWER</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 8, 1956</u> |
|-------------------------------------|------------------------|-----------------------|----------------------------|--|

|                       |                                  |  |   |  |
|-----------------------|----------------------------------|--|---|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>widowed</u> | 8. DATE OF BIRTH<br><u>April 17, 1876</u> | 9. AGE (In years last birthday) (Month) (Day) (Year)<br><u>79</u> <u>9</u> <u>20</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming, General</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Ray County, MO.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>SAMUEL HIGHTOWER</u> | 13b. MOTHER'S MAIDEN NAME<br><u>AGNES MONFORT</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Ada Cockrill Hightower, de</u> |
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|   |                                       |   |         |
|---|---------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>No.</u> | 16. SOCIAL SECURITY NO.<br><u>No.</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Joe Sharp, 705 Isley, Ex. Spgs. MO.</u> | ADDRESS |
|---|---------------------------------------|---|---------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | 18. INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>   |  |                                      |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>hypertension</u><br>DUE TO (c) <u>arteriosclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                      |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>4201</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) |
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|   |  |                            |
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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? |
|---|--|----------------------------|

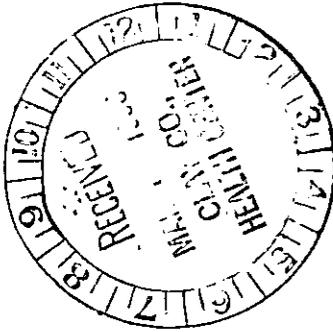
22. I hereby certify that I attended the deceased from Oct. 1, 1948 to Feb. 8, 1956, that I last saw the deceased alive on Feb. 8, 1956, and that death occurred at 7:00A m., from the causes and on the date stated above.

|                                      |                                |   |                                    |
|--------------------------------------|--------------------------------|---|------------------------------------|
| 23a. SIGNATURE<br><u>[Signature]</u> | (Degree or title) <u>M. D.</u> | 23b. ADDRESS<br><u>Excelsior Springs, Mo.</u> | 23c. DATE SIGNED<br><u>2/27/56</u> |
|--------------------------------------|--------------------------------|---|------------------------------------|

|  |                                |  |   |
|--|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Feb. 10/56</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Crown Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Excelsior Springs, MO</u> |
|--|--------------------------------|--|---|

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|---|---|--|---|
| DATE REC'D BY LOCAL REG.<br><u>3/1/56</u> | REGISTRAR'S SIGNATURE<br><u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u> | ADDRESS<br><u>Hope Funeral Home, Ex. Spgs. MO</u> |
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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 .....  
Signature of Student Embalmer

Signed *James A. Moles* .....

Licensed Embalmer No. *52*

P. O. Address *Ev. Spring*

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.