

Health, Welfare and Public Service
 300
 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5588

FILED MAR 5 1957

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MONROE CITY 0690		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY R 2		Length of stay in lb 4 Months		d. STREET ADDRESS (If outside, give location) MONROE CITY R 2		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JAMES WILLIAM HIGHTOWER			First Middle Last			4. DATE OF DEATH FEBY 22 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 22, 1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 10 Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (Ret)		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) NASHVILLE, TENN /		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME ARLANDER HIGHTOWER				14. MOTHER'S MAIDEN NAME NANCY CAROLINE LOVELAS			
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. None		17. INFORMANT Address Gleny Hightower Monroe City Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 490x				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from Jan 15 - 57 to Feb 22 and last saw her/him alive on Feb 22 Death occurred at 5.45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. L. Caldwell D.O.				22b. ADDRESS Shelby, Mo.		22c. DATE SIGNED Feb 25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-25-57	23c. NAME OF CEMETERY OR CREMATORY KENDALL CEMETERY		23d. LOCATION (City, town, or county) (State) SHELBY COUNTY, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS Wilson Sons Monroe City Mo			25. DATE RECD. BY LOCAL REG. 2-25-57		26. REGISTRAR'S SIGNATURE Colie Robertson		

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1957

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 *Leslie L. Wilson*

Licensed Embalmer No. *301*

P. O. Address *Memphis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.