

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>187</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>22 yrs</u>		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1711 Price Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>1711 Price Ave. 06470</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Stanley</u> c. (Last) <u>Hightower</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 9 - 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 2, 1893</u>	
9. AGE (In years less birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if expired) <u>Car Inspector (Ret)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if expired) <u>Car Inspector (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Austin Hightower</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Yager</u>			14. NAME OF HUSBAND OR WIFE <u>Hattie Hightower</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW No1.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Hattie Hightower</u> ADDRESS <u>Hannibal, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>					<u>3 HR</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>					<u>11 YR.</u>
		DUE TO (c) <u>Chronic nephritis</u>					<u>11 YR.</u>
		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 <u>592x</u>					20. AUTOPSY? <u>2</u> 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)			
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 <u>5-9</u> , 19 <u>57</u> , to <u>5-9</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-9</u> , 19 <u>57</u> , and that death occurred at <u>1:45 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Glenn R. Miller D.O.</u>				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>5-14-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-9-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rensselaer, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5/16/57</u>		REGISTRAR'S SIGNATURE <u>Wm. Luckey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Luckey</u> ADDRESS <u>Hannibal, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

189

MM

MAY 2 1 1957

RECEIVED

MARION CO. HEALTH DEPT

MAY 2 1 1957

DATE FILED

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 *[Handwritten Signature]*

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.