S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1957

State File No. 20733

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 530-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MO
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (UNION)
d. STREET ADDRESS (If rural, give location): 140

3. NAME OF DECEASED (Type or Print)
a. (First): BERTIE
b. (Middle): ETHEL
c. (Last): HIGHTOWER

4. DATE OF DEATH (Month) (Day) (Year): 6-7-57

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4-1-1900
9. AGE (In years last birthday): 57
If under 1 year: Months: 2 Days: 6
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): WRIGHT Co. MO
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: FLETCHER SHAVER
13b. MOTHER'S MAIDEN NAME: MARTHA S
14. NAME OF HUSBAND OR WIFE: EPATHRODITIS HIGHTOWER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: E. HIGHTOWER
ADDRESS: GROUSPRING 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFLAMATION OF LUNGS DUE TO EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: FEW MIN.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) PROBABLE PHLEBOTHROMBOSIS OF LEG VEINS — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: CHOLECYSTECTOMY FOR CHOLELITHIASIS 1 WEEK BEFORE.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 584X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-25-57, 19___ *to* 6-7-57, 19___, *that I last saw the deceased alive on* 6-7-57, 19___, *and that death occurred at* 8:15 AM *from the causes and on the date stated above.*

23a. SIGNATURE: Glenn O. T[illegible]
(Degree or title): M.D.
23b. ADDRESS: 609 Cherry-Springfield, Mo.
23c. DATE SIGNED: 6-13-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-9-57
24c. NAME OF CEMETERY OR CREMATORY: SHADDY
24d. LOCATION (City, town, or county) (State): WRIGHT Co. MO.

DATE REC'D BY LOCAL REG.: 6-17-57
REGISTRAR'S SIGNATURE: Edith [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: John Thompson
ADDRESS: Hartville Mo.

(Licensed Embalmer's [illegible] on Reverse Side)

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 R M Barber

Licensed Embalmer No. 3848

P. O. Address Witte Sun Inc

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.