

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25621**
Registrar's No. **304**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 304			
1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI				b. COUNTY PETTIS	
b. CITY OR TOWN SEDALIA		c. LENGTH OF STAY (in this place) 1 yr		c. CITY OR TOWN SEDALIA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CAMPBELL NURSING HOME				e. STREET ADDRESS (If rural, give location) 316 West 4th St.				08070	
3. NAME OF DECEASED (Type or Print) a. (First) CORA			b. (Middle) BECK			c. (Last) HIGHLEYMAN			
4. DATE OF DEATH (Month) (Day) (Year) July 12, 1957			5. SEX Female			6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb 12, 1872			9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months		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 Home		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William L. Beck			13b. MOTHER'S MAIDEN NAME Rebecca Bohan			14. NAME OF HUSBAND OR WIFE Wilbur H. Highleyman			
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'S SIGNATURE OR NAME ADDRESS Wilbur B. Highleyman, Oklahoma City, Okla.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIIS AND MYOCARDIAL DEGENERATION						INTERVAL BETWEEN ONSET AND DEATH 6 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION						yes	
		DUE TO (c) Chronic Glomerulonephritis						yes	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA OF G.I. TRACT						6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592XH						20. AUTOPSY? 2 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) (Min.)		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 6-20, 1950 , to 7-12, 1957 , that I last saw the deceased alive on 7-12, 1957 , and that death occurred at 11:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) D.O.				23b. ADDRESS Sedalia Mo			23c. DATE SIGNED 7-15-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/15/57		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.			
DATE REC'D BY LOCAL REG. 7-15-57		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Sedalia, Mo.				

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 *P. E. Baker*.....

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.