RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-030161
STATE FILE NUMBER

FILED VS AUG 18 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 307

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre
Length of stay in 1b: 30 mins.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pulaski
c. CITY OR TOWN FT. LEONARD WOOD
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location) unknown
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Reginald Middle: Last: Hightower
4. DATE OF DEATH Month: Aug. Day: 6, Year: 1959
5. SEX: male
6. COLOR OR RACE: colored
7. Married ☐ Never Married ☐ Widowed ☐ Divorced X
8. DATE OF BIRTH: 10-20-1920
9. AGE (last birthday): 38
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country)
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: unk
13b. MOTHER'S MAIDEN NAME: unk
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 239-28-7594
17. INFORMANT: US Army Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Crushed chest and multiple injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) received in an automobile accident
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Collision of automobile and truck on Highway # 8
20c. TIME OF INJURY Hour 5 a.m. p.m. Month, Day, Year 8 6 59
in Washington County, Missouri
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway
20f. CITY, TOWN, OR LOCATION Washington County, Mo. COUNTY STATE

21. I attended the deceased from —, to — and last saw her/him alive on —
Death occurred at — m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl J. Miller (Degree or title) Coroner
22b. ADDRESS Farmington, Missouri
22c. DATE SIGNED 8/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 8-7-59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Fayetteville, N. Carolina

24. FUNERAL DIRECTOR ADDRESS T.J. Shadel, Lebanon, Mo.
25. DATE RECD. BY LOCAL REG. Aug 6, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

AUG 25 1959

OCT 20 1959

OCT 26 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. W. Barber

Signature of Student Embalmer

Licensed Embalmer No. 3598

P. O. Address Mtn. Bure

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