

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-030244**

FILED VS SEP 6 1960

128

Primary Registration District No. 2000

Registrar's No. 907

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b		c. CITY OR TOWN <b>Springfield</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>RFD#10 Box 50</b>	
3. NAME OF DECEASED (Type or print) <b>Rodney Hightower</b>			4. DATE OF DEATH Month <b>August</b> Day <b>29</b> Year <b>1960</b>		
5. SEX <b>Male 1</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>24 Aug. 1960</b>	9. AGE (last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and state or country) <b>Marshfield - Springfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Hightower</b>		13b. MOTHER'S MAIDEN NAME <b>Roberta McElroy</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>Roberta Hightower (Mother) Springfield, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Tracheo-esophageal fistula</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) <b>Anoxia with pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>8/29/60</b> to <b>8/29/60</b> and last saw her/him alive on <b>8/29/60</b> Death occurred at <b>9:15</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>David D. Thompson MD</b>		22b. ADDRESS <b>600 S. Glenstone Springfield, Missouri</b>		22c. DATE SIGNED <b>F-31-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Burial</b>	23b. DATE <b>8/30/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dennard Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Dennard, Arkansas</b>		
24. FUNERAL DIRECTOR ADDRESS <b>KLINGNER MORTUARY, INC. SPRINGFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-2-60</b>	26. REGISTRAR'S SIGNATURE <b>Effie B. Melton</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF informant

Jhc

(Licensed Embalmer's Statement 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Glenn D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield

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.