

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039423

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. A 4303 Registrar's No. 203

FILED OCT 16 1962

VS 300
Rev. 4/59

1 0590

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94500

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Livingston | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Livingston | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mooresville | | Length of stay in lb Life | c. CITY OR TOWN Mooresville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Walter Lee Hightower | | | 4. DATE OF DEATH Month Day Year Sept. 29, '62 |
| 5. SEX Male | 6. COLOR OR RACE Cauc. White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/3/75 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Same | 9. AGE (last birthday) 87 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min. |
| 11a. FATHER'S NAME Meriman Hightower | | 11b. MOTHER'S MAIDEN NAME Leanora Dill | 12. CITIZEN OF WHAT COUNTRY USA |
| 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 Clifford Hightower Mooresville, Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Terminal DUE TO (b) Arterial Sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 5 days 2 yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertrophy of Prostate | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 s.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Sept. 15, 62</u> to <u>Sept. 29, 62</u> and last saw him alive on <u>Sept. 27, 62</u> Death occurred at <u>8:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Joseph Conrad M.D. | | 22b. ADDRESS Chellisatho Mo | 22c. DATE SIGNED Oct 10, 62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/1/62 | 23c. NAME OF CEMETERY OR CREMATORY Mooresville Cemetery | 23d. LOCATION (City, town, or county) (State) Mooresville, Mo. |
| 24. FUNERAL DIRECTOR Mead-Pitts Breckenridge, Mo. | | 25. DATE RECD. BY LOCAL REG. Oct 11, 1962 | 26. REGISTRAR'S SIGNATURE Annalee Taylor |

USE BLACK INK
OR
TYPEWRITER RIBBON

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 John W. Pitts
Licensed Embalmer No. 5074

P. O. Address Breckinridge, 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.

Permit not obtained
Date handed to Dr. Oct. 1, 1962
Date rec'd from Dr. Oct. 11, 1962
Date duly signed Oct. 10, 1962