

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046159

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 566

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>CAPE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CAPE GIRARDEAU</b>		Length of stay in 1b <b>2 WKS.</b>	c. CITY OR TOWN <b>CHAFFEE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SOUTHEAST MISSOURI HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>129 GRAY AVE.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALICE LAMARR HIGHFILL</b>		4. DATE OF DEATH Month Day Year <b>DEC. 17, 1962</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 6 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	9. AGE (last birthday) <b>85</b>
13a. FATHER'S NAME <b>JOHN BRANCH</b>		13b. MOTHER'S MAIDEN NAME <b>MARY FRANCES BURTON</b>	11. BIRTHPLACE (City and state or country) <b>PARAGOULD, ARK.</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>NONE</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
17. INFORMANT <b>Mrs. J.R. CHRONISTER - CHAFFEE, Mo.</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY N. HIGHFILL</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>uremia</b>			<b>unk.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis and</b>			<b>unk.</b>
DUE TO (c) <b>chronic pyelonephritis</b>			<b>unk.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I <b>fracture of left femur</b>			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 Month, Day, Year 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>4 Dec 62</b> to <b>death</b> and last saw her/him alive on <b>17 Dec 1962</b> Death occurred at <b>10:55 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Jean A. Chapman, M.D.</b>		22b. ADDRESS <b>1902 Broadway Cape Girardeau, Mo.</b>	22c. DATE SIGNED <b>22 Dec 62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>DEC. 19, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WOOD CHAPEL CEMETERY</b>	23d. LOCATION (City, town, or county) <b>GREENE COUNTY, ARKANSAS</b>
24. FUNERAL DIRECTOR <b>DISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-26-62</b>	26. REGISTRAR'S SIGNATURE <b>Jean Kasten</b>

**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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.