

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 224

DO NOT WRITE ON THIS STUB

9. 0

10a. 55

10b.

11. 1

12. 1

13. 403X

14.

15. 9

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

4. 0425

5. 1

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0425

PARENTS

CAUSE

CERTIFIER

DECEASED—NAME 1. Walter Coon Hightower			SEX 2. M	DATE OF DEATH (MONTH, DAY, YEAR) 3. 9-27-68
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 55	UNDER 1 YEAR 5b. 55	UNDER 1 DAY 5c. 55	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Dec. 13 1912
CITY, TOWN, OR LOCATION OF DEATH 7a. Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. Clinton General Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Kansas	CITIZEN OF WHAT COUNTRY 9. U S A	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Louise Hightower	
SOCIAL SECURITY NUMBER 12. 494-16-4801	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Stereo type Operator	KIND OF BUSINESS OR INDUSTRY 13b. Printing		
RESIDENCE—STATE 14a. Mo	COUNTY 14b. Henry	CITY, TOWN, OR LOCATION 14c. Clinton	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	STREET AND NUMBER 14e. 312 East Ohio
FATHER—NAME 15. Delbert Hightower		MOTHER—MAIDEN NAME 16. Ina Coon		
INFORMANT—NAME 17a. Louise Hightower		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 312 East Ohio CLINTON MO.		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Acute Renal Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Renal Hypertension - DUE TO, OR AS A CONSEQUENCE OF: (c) Arteriosclerosis -				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days 15 months 3 yrs -
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)				AUTOPSY (YES OR NO) 19a.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM 7 16 1959 TO 9-27-1968	21b. 9-27-1968	21c. 9-27-68	21d. did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 5:05 P M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.				
CERTIFIER—NAME (TYPE OR PRINT) 23a. W.D. Bradshaw, M.D.		SIGNATURE 23b. W.D. Bradshaw, M.D.	DEGREE OR TITLE 23c. M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 9-30-68
MAILING ADDRESS—CERTIFIER 23e. 1150 Jefferson Clinton, Mo.		CITY OR TOWN 23f. Clinton, Mo.	STATE 23g. Mo.	ZIP 23h. 64735
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Englewood		LOCATION 24c. Clinton Mo	
DATE (MONTH, DAY, YEAR) 24d. 9-30-68	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Sickman & Dunning Clinton Mo 64735			
FUNERAL DIRECTOR—SIGNATURE 25a. R.L. Dunning	REGISTRAR—SIGNATURE 25b. M. Begum	DATE RECEIVED BY LOCAL REGISTRAR 25c. 9-30-68		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

OCT 9 1958

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 R. J. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.

Vertical handwritten notes on the right margin, including the word "Dunning" and other illegible scribbles.