

FILED NOV 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 36225

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6288 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u> <u>1148</u>	
c. LENGTH OF STAY (In this place) <u>79 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles N. W. Loring</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. north W. Loring</u>			

3. NAME OF DECEASED (Type or Print) <u>Margarett C. Hightower</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 13 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-28-1872</u>	9. AGE (In years) (last birthday) <u>79</u>	IF UNDER 1 YEAR Months: <u>2</u> Days: <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wright County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>W. D. Shaddy</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>P. W. Hightower</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P. E. Hightower Loring, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 10, 1951, to Oct 11, 1951, that I last saw the deceased alive on Oct 11, 1951, and that death occurred at 6:00P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. K. Hough M.D.</u> (Degree or title)		23b. ADDRESS <u>Shrove Springs, Mo.</u>		23c. DATE SIGNED <u>Oct. 26, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shaddy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright County Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-30-51</u>		REGISTRAR'S SIGNATURE <u>E. J. Farmer</u>		346		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene E. Hillman Hartsville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WRIGHT CO. HEALTH DEPT.
County File Number 1157407
Date Filed Mar. 3, 1957

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
Student Embalmer

Signed Gene E. Aldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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 this body is not embalmed, fact should be so stated above.