

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30715

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Oak Grove Rural TOWN VAN BUREN		c. CITY (If outside corporate limits, write RURAL and give township) Oak Grove Rural	
c. LENGTH OF STAY (in this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 7 mi South West	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 mi South West			
3. NAME OF DECEASED a. (First) Thomas b. (Middle) Samuel c. (Last) Ligon			4. DATE OF DEATH Sept 7 - 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 5 - 1949
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (State or foreign country) Va
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZENRY OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Eliza Ligon		13b. MOTHER'S MAIDEN NAME Sarah Knight	14. NAME OF HUSBAND OR WIFE Eliza Ligon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rufus Perkins - Oak Grove Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of old age</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION 0	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>Sept 4, 1949</u> , to <u>Sept 7, 1949</u> , that I last saw the deceased alive on <u>Sept 7, 1949</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>O. Lester M. Jr.</u>		23b. ADDRESS <u>Oak Grove Mo</u>	
23c. DATE SIGNED <u>9-9-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 9, 1949	
24c. NAME OF CEMETERY OR CREMATORY <u>Corn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Grove RFD: Mo</u>	
DATE REC'D BY LOCAL REG. SEPT. 9, 1949		REGISTRAR'S SIGNATURE <u>Donald C. Emswiler</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mo & B. Witt & Son</u>		ADDRESS <u>Blue Springs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 13 RECD

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 Kenneth Rager

Licensed Embalmer No. 4591

P. O. Address Oak Grove 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.