No. 300
10.48

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31415

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 19

900

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

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, ~~Black River~~ Lesterville
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 13 mi. S.W. of Middlebrook

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Reynolds 1700
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, ~~Black River~~ Lesterville Township
d. STREET ADDRESS (If rural, give location): 13 mi. S.W. of Middlebrook

3. NAME OF DECEASED (Type or Print): a. (First) Orpha b. (Middle) Belle c. (Last) Light

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30 1950

5. SEX: fem /
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married /
8. DATE OF BIRTH: May 27 1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 4, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Reynolds Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Shrum
13b. MOTHER'S MAIDEN NAME: Belle Hasty
14. NAME OF HUSBAND OR WIFE: Preston Light

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Preston Light, Middlebrook 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 10, 1950, *to* Sept 30, 1950, *that I last saw the deceased alive on* Sept 30, 1950, *and that death occurred at* 12.20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. M. Fitzpatrick MD
23b. ADDRESS: Lesterville Mo
23c. DATE SIGNED: 10-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-1-50
24c. NAME OF CEMETERY OR CREMATORY: Fitzgerald Cem.
24d. LOCATION (City, town, or county) (State): Munger, Reynolds Co. Mo.

DATE REC'D BY LOCAL REG.: 10/3/50
REGISTRAR'S SIGNATURE: C. M. Fitzpatrick 275
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Ironton Mo. Ansel J. White

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1950

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 Percel J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass.

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.

Item 13b amended by affidavit of funeral home 10-8-86. Verified by certified copy of marriage filed August 20, 1872.

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

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31415

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12. CITIZEN OF WHAT COUNTRY? SA

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13b. MOTHER'S MAIDEN NAME: ~~Belle Hasty~~ Isabel Strickland
14. NAME OF HUSBAND OR WIFE: Preston Light

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16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Preston Light, Middlebrook Mo.

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4214

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24c. NAME OF CEMETERY OR CREMATORY: Fitzgerald Cem.
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DATE REC'D BY LOCAL REG.: 10/3/50
REGISTRAR'S SIGNATURE: C. M. Fitzpatrick
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: White Funeral Home, Ironton Mo. Russell Wack

(Licensed Embalmer's Statement on Reverse Side)