

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4004

FILED FEB 16 1951  
 0145

BIRTH NO. 0 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>	
c. LENGTH OF STAY (in this place) <u>5 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.# 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u>	b. (Middle) <u>Fay</u>	c. (Last) <u>Lightner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 28, 1890</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy Co, Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George W. McClary</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Grubbe</u>	14. NAME OF HUSBAND OR WIFE <u>Drexel C. Lightner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. C. Lightner</u>	ADDRESS <u>Fulton, Mo R.R.#2</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer (abd. viscera with generalized metastasis)</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>  </u>  DUE TO (c) <u>  </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>1/30/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Involvement of entire abdomen with Ca</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>  </u>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>  </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>  </u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>  </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>  </u>
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22. I hereby certify that I attended the deceased from 3/2, 1946, to 2-10, 1951, that I last saw the deceased alive on 2/9, 1951, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George J. Wood (M.D.)</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>2/10/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>	ADDRESS <u>Funeral Home</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 13 1951

RECEIVED

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 *Denzil C. Browning*  
Licensed Embalmer No. *2720*

P. O. Address *Fulton, Md.*

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.