

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17585

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY OR TOWN Rural-Cold Spg.		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile South of Rhea Church		c. CITY OR TOWN Rural-Cold Springs twp. 1910	
		d. STREET ADDRESS (If rural, give location) 1 mile South of Rhea Church 0	

3. NAME OF DECEASED (Type or Print) PERRY; LIGHTI			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH Oct. 4, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Phelps Co., Mo. 0	12. CITIZENRY OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Daniel Light	13b. MOTHER'S MAIDEN NAME Julina Williams	14. NAME OF HUSBAND OR WIFE Cordelia Light...Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) XX	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George Light	ADDRESS Lecomma, Mo.
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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, asphyxia, 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) Cerebral apoplexy		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		10 yrs.
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-1, 1948 to 5-15, 1951, that I last saw the deceased alive on 5-10, 1951, and that death occurred at 2PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] mn	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 5-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 17 1951	24c. NAME OF CEMETERY OR CREMATORY Rhea Cemetery	24d. LOCATION (City, town, or county) (State) Near Rolla Missouri
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DATE REC'D BY LOCAL REG. May 16, 1951	REGISTRAR'S SIGNATURE Nadine L. Stolls 380	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Dull	ADDRESS Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *Paul E. Null*

Licensed Embalmer No..... *4498*

P. O. Address..... *Rolla, 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.