

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3035 State File No. 27505

card sent 054  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lefington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lefington Rural</u>	
c. LENGTH OF STAY (If in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles S.W. R.F.D. 0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodloe Institution</u>			

3. NAME OF DECEASED (Type or Print) <u>OLETHA-SAUNDER-LIGHTLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 11 1951</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 28, 1879</u>	9. AGE (in years last birthday) <u>71</u>	UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	IF UNDER 1 WK. Hours <u></u> Min. <u></u>
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>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Lefington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Chis Lightle</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 date of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertude Johnson</u>	ADDRESS <u>Kennett City, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> Years <u>years</u>		
	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 <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) <u>332 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 March 1, 1950 to Aug 11, 1951, that I last saw the deceased alive on Aug 6, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Koppens</u> (Degree or title) _____	23b. ADDRESS <u>Lefington, Mo.</u>	23c. DATE SIGNED <u>Aug 13, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>August 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Green</u>	24d. LOCATION (City, town, or county) (State) <u>Lefington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>August 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. Calahorra</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry R. Green</u>	ADDRESS <u>Lefington, Mo.</u>
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RECEIVED

8-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 8-22-51 .....

SEP 28 1951

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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

*George H. Green*

Signed .....

Student Embalmer

Licensed Embalmer No. 4220

P. O. Address Marshall

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.