

FILED DEC 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4905</u>		Registrar's No. <u>193</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Oronogo</u>		c. LENGTH OF STAY (in this place) <u>50yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oronogo</u>		6498	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Coroner of John &amp; James St</u>				d. STREET ADDRESS (If rural, give location) <u>Coroner of John &amp; James St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMELIA</u>			b. (Middle) <u>FLORENCE</u>		c. (Last) <u>LIGHTLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 27, 1951</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 5, 1871</u>	
9. AGE (In years last birthday) <u>80</u>		# UNDER 1 YEAR Months <u>5</u>		# UNDER 2 HRS. Hours <u>22</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</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>Housekeeper</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Moses Houkin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Francis Lancaster</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sarah Goff Webb City, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>  ANTECEDENT CAUSES <u>Chronic Myocarditis</u> DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Gangrene of large bowel</u> Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>  <u>72 hrs.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>11/3/51</u> , 19 <u>51</u> , to <u>11/27/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/27</u> , 1951, and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>A-1ba, Mo.</u>		23c. DATE SIGNED <u>11/28/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 29, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oronogo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oronogo, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 29-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Webb City, Missouri</u>	

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

RECEIVED 12-4-51  
Jasper County Health Office

County File Number 51/12/912  
Date Filed 12-5-51

**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 Leonard J. Lewis

Licensed Embalmer No. 4561

P. O. Address Will City, 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.