

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 358

1. PLACE OF DEATH
 a. COUNTY St. Francois
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre Mo.
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY St. Francois
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmina
 d. STREET ADDRESS (If rural, give location) Route No. 1

3. NAME OF DECEASED
 a. (First) Mr. Elva b. (Middle) Luy c. (Last) Light
 (Type or Print)
 4. DATE OF DEATH: (Month) (Day) (Year)
Nov. 2 - 1951

5. SEX Male 6. COLOR OR RACE White-Cauc
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH Nov. 5 - 1889 9. AGE (In years last birthday) 61-11-27
 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) Dent County, Mo.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. Solomon Light 13b. MOTHER'S MAIDEN NAME Cynthia Schrum 14. NAME OF HUSBAND OR WIFE Mr. Mattie Corney Light

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. 43-06-25276 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Mattie Light - Route No. 1 Elmina 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, asthma, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Atherosclerotic Heart Disease
 DUE TO (c) Hypertensive Cardiovascular Disease
 Conditions contributing to the death but not related to the disease or condition causing death. Right pleural Effusion

INTERVAL BETWEEN ONSET AND DEATH 2 years
Unknown

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4200 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) (Min.) 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 10-14, 1951, to 11-2, 1951, that I last saw the deceased alive on 11-2, 1951, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE Byron Taylor (Degree or title) MD 23b. ADDRESS Flat River, Mo 23c. DATE SIGNED 11-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE November 4-1951 24c. NAME OF CEMETERY OR CREMATORY D.O.O.F. Beasmark Cemetery 24d. LOCATION (City, town, or county) (State) Beasmark Mo.

DATE REC'D BY LOCAL REG. Nov. 10, 1951 REGISTRAR'S SIGNATURE Ether Redloff 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alvin W. Hood - 303 Chest. St. Flat River, Mo.

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

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RECEIVED
NOV 15 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Chestnut St. Phila Pa

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.