

FILED FEB 18 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5749

6440

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY OR TOWN HANNIBAL
c. LENGTH OF STAY (in this place) 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION STELIZABETH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY MONROE
c. CITY OR TOWN MONROE CITY 0690
d. STREET ADDRESS (If rural, give location) 605 NORTH LOCUST

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS b. (Middle) F c. (Last) LIGHTBODY

4. DATE OF DEATH (Month) (Day) (Year)
FEBRUARY 6 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH JUNE 25TH 1892

9. AGE (in years last birthday) 79
If under 1 year: Months 7 Days 12
If under 24 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FARMER (RET)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
MARION COUNTY MISSOURI

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME WILLIAM LIGHTBODY

13b. MOTHER'S MAIDEN NAME CATHERINE FEGAN

14. NAME OF HUSBAND OR WIFE LELA LIGHTBODY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
NO

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Thomas Lightbody Monroe City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage, left hemiplegia

ANTECEDENT CAUSES
DUE TO (b) Genito-urinary hemorrhage
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Terminal uremia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

INTERVAL BETWEEN ONSET AND DEATH
7 days
5 days
7 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
331X

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.

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 1-31-52, 1952, to 2-6-52, 1952, that I last saw the deceased alive on 2-6-52, 1952, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J. L. Green M.D.

23b. ADDRESS 100 N. Sixth, Hannibal, Mo.

23c. DATE SIGNED 2-11-52

24a. BURIAL, CREMATION REMOVAL (Specify)
Burial

24b. DATE 2-8-1952

24c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY

24d. LOCATION (City, town, or county) (State)
Monroe City Missouri

DATE REC'D BY LOCAL REG. 2-12-52

REGISTRAR'S SIGNATURE Dr. E. M. Lucke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
WILSON & SON'S Monroe City Mo.

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

RECEIVED FEB 25 1952
HEALTH DEPT.
DATE FILED FEB 1 1952

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 ML

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leah L. Wilson

Licensed Embalmer No. 3014

P. O. Address Merrow City, 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.