

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15361

State File No.

FILED APR 28 1952

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4572 Registrar's No. 69

050

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEWTOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEWTOWN</u>	
c. LENGTH OF STAY (in this place) <u>21 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile north of</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence ✓</u>			

3. NAME OF DECEASED (Type or Print) <u>NEAL</u>		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 10, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 1, 1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>II</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>"RETIRED" FARM OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PUTNAM COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>JOHN LIGHTFOOT</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES FUNNELL</u>		14. NAME OF HUSBAND OR WIFE <u>MINERVA LIGHTFOOT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MINERVA LIGHTFOOT NEWTOWN, MISSOURI</u>	

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 <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy Cerebral</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. 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 Jan 17, 1946, to Apr. 10, 1952, that I last saw the deceased alive on Apr. 10, 1952, and that death occurred at 5:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. A. Dale</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Newtown Mo.</u>	23c. DATE SIGNED <u>4/16/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEMONS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LEMONS, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>April 25</u>	REGISTRAR'S SIGNATURE <u>Greta Caldwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u>	ADDRESS <u>UNIONVILLE, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John N. Comstock
Licensed Embalmer No. 3891

P. O. Address Unionville, 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.