

No. 300
10-48

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20275

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5525 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>1430</u>	
b. CITY OR TOWN <u>Rural Montgomery T.S.</u> c. LENGTH OF STAY (in this place) <u>21 years</u>		c. CITY OR TOWN <u>Rural - Montgomery T.S.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles N.E. Weaubleau</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles N.E. Weaubleau</u>	
3. NAME OF DECEASED a. (First) <u>Rispy</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Lightle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 26-1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 15-1892</u>
9. AGE (In years last birthday) <u>60</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Warsaw, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES H. JONES</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Jones</u>	14. NAME OF HUSBAND OR WIFE. <u>Theodore Lightle</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>Theodore Lightle - Weaubleau, Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>VIRUS pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>influenza</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 <u>480x</u>	
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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>P. E. Singer, M.D.</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Wheatland, Mo.</u>	
23c. DATE SIGNED <u>5-29-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-2-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butcher, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-12-1952</u>		REGISTRAR'S SIGNATURE <u>May Johnson</u> ADDRESS <u>464</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gilbert Hathaway</u>		ADDRESS <u>Wheatland, Mo</u>	

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

JUL 14 1954

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 *Chas. Albert Hethaway*

Licensed Embalmer No. *42671*

P. O. Address *Wheatland, 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.