

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20557**

FILED JUN 1-1953

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MIN GROVE, MO		c. LENGTH OF STAY (in this place) 30 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION MIN GROVE, MISSOURI		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ALMEDIA	c. (Last) LIGHT	4. DATE OF DEATH (Month) (Day) (Year) MAY 14, 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 24, 1883	9. AGE (In years; last birthday) 70	IF UNDER 1 YEAR Months 1 Days 20	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) SALEM, ARK	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JAMES BEAVER	13b. MOTHER'S MAIDEN NAME MARGARET CROW	14. NAME OF HUSBAND OR WIFE F.J. LIGHT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS REV E.J. LIGHT MTN GROVE, MISSOURI
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 1, 1952, to May 14, 1953**, that I last saw the deceased alive on **May 10, 1953**, and that death occurred at **2:45 pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred W Chamber MD	23b. ADDRESS Mountain Grove, Mo.	23c. DATE SIGNED 5-16-53
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24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify)	24b. DATE MAY 17, 1953	24c. NAME OF CEMETERY OR CREMATORY RELEFORD	24d. LOCATION (City, town, or county) (State) NORWOOD, MISSOURI
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DATE REC'D BY LOCAL REG. 5-19-53	REGISTRAR'S SIGNATURE A.B. Ames	348	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barber Funeral Home, Mtn Grove, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 55-3-77
Date Filed 5-29-53

REC'D
MAY 29 1953

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address New Groves

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.