

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31468

State File No.

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 107

0380

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u>	
c. LENGTH OF STAY (in this place) <u>58 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>N. Alanthus Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harmony Hill Rest Haven</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Robert Shelby Liggett</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH <u>Sept 14 1953</u> (Month) (Day) (Year)		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Oct 17 1860</u>		9. AGE (In years last birthday) <u>92</u> # UNDER 1 YEAR Months _____ Days _____ # UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agency</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Enoch Liggett</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Sabana Liggett (deceased)</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 <u>Mr. Roy Liggett Stanberry</u> ADDRESS <u>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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROSIS, Generalized</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	ANTECEDENT CAUSES DUE TO (b) <u>UNKNOWN</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>TUMOR, left leg - Type undeterm.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>332 X</u> 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) _____	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 Nov 14, 1952, to Sept 14, 1953, that I last saw the deceased alive on Sept 13, 1953, and that death occurred at 11:15am from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles L. Carlin M.D.</u>	23b. ADDRESS <u>Stanberry, Mo.</u>	23c. DATE SIGNED <u>9-16-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>
24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Sept 16-53</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Latoy H. Phillips</u> ADDRESS <u>Stanberry</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 A. Phillips

Licensed Embalmer No. 1898

P. O. Address Starkville, Miss.

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.