

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 2045 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Mississippi</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Mississippi</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Charleston</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">18 Years</p>		c. CITY OR TOWN <p style="text-align: center;">Charleston</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Residence, 108 Deal St.</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">108 Deal St.</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Theodore</p>	b. (Middle) <p style="text-align: center;">Grant</p>	c. (Last) <p style="text-align: center;">Golightly</p>	(Month) <p style="text-align: center;">March</p>	(Day) <p style="text-align: center;">6</p>	(Year) <p style="text-align: center;">1954</p>
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">Nov. 7, 1866</p>	9. AGE (In years last birthday) <p style="text-align: center;">87</p>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Night Watchman</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Grain Company</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Joplin, Illinois</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>					

13a. FATHER'S NAME <p style="text-align: center;">George W. Golightly</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Mary Jane Wyatt</p>	14. NAME OF HUSBAND OR WIFE
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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) <p style="text-align: center;">No</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">499-20-6102</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs Maggie Baker, Shafter, Calif.</p>	ADDRESS
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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) <p style="text-align: center;"><i>Arteriosclerotic Heart disease</i></p>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4200</p>	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)
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 January 16, 1954, to March 6, 1954, that I last saw the deceased alive on 3/6/54, and that death occurred at 3:10 P m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;"><i>John S. ...</i></p>	(Degree or title)	23b. ADDRESS <p style="text-align: center;">Charleston, Mo.</p>	23c. DATE SIGNED <p style="text-align: center;">3/8/54</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">3/8/54</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Oak Grove Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Charleston, Mo.</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">1-154</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Jean ...</i></p>	480- FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;"><i>Edward B. ...</i></p>	ADDRESS <p style="text-align: center;">The Nunnelee Funeral Chapel, Charleston, Mo.</p>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 27

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed JUL 27

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 _____
Signature of Student Embalmer

Signed *John T. ...*
Licensed Embalmer No. 385

P. O. Address Charleston

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.