

FILED OCT 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29316

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give town) Boonville		c. LENGTH OF STAY (In this place) 6 Days.		c. CITY OR TOWN Boonville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital.				STREET ADDRESS (If rural, give location) R. F. D. #1 0270/			
3. NAME OF DECEASED (Type or Print) a. (First) Peter		b. (Middle) P.		c. (Last) Light		4. DATE OF DEATH (Month) (Day) (Year) October 2 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 6 1891	
9. AGE (In years last birthday) 64		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal Dept.		11. BIRTHPLACE (City and State or Foreign Country) Tekamah, Nebraska	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Light		13b. MOTHER'S MAIDEN NAME Caroline ????		14. NAME OF HUSBAND OR WIFE Antevina Kiselovia Light	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War 1		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Connie Berg, Boonville, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5605 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemioroplasty Sept 29, 1958				INTERVAL BETWEEN ONSET AND DEATH Instant	
19a. DATE OF OPERATION 9-27-58		19b. MAJOR FINDINGS OF OPERATION Hernia (Bilateral)				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (s.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 9-26-55, 1955, to 10-3-55, 1955, that I last saw the deceased alive on 10-1-55, 1955, and that death occurred at 7:05 AM., from the causes and on the date stated above.							
23a. SIGNATURE TC Beckett M.D.				23b. ADDRESS Boonville Mo		23c. DATE SIGNED 10-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6 1955		24c. NAME OF CEMETERY OR CREMATORY Tekamah		24d. LOCATION (City, town, or county) (State) Tekamah, Nebraska.	
DATE REC'D BY LOCAL REG. 10/3/55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

OCT 19 1953

NOV 7 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.....
Signature of Student Embalmer

Signed..... *William N. Wood*

Licensed Embalmer No. 453

P. O. Address Boonville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.