

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
584

FILED NOV 9 - 1956

Registration District No. 113 Primary Registration District No. 5431 Registrar's No. 584

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Central Prairie</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Rural</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lou Bell. R #11</i>		Length of stay in lb <i>year 5</i>	
3. NAME OF DECEASED (Type or print) <i>Roscoe Roy Light</i>		4. DATE OF DEATH <i>10-26-1956</i>	
5. SEX <i>W</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept-5-1905-51</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>La borer - General labor</i>		9. AGE (In years last birthday) <i>51</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>La borer - General labor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>La borer - General labor</i>	
11. BIRTHPLACE (City and state or country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Light</i>		14. MOTHER'S MAIDEN NAME <i>Emma Bigley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>488-07-7797</i>	
17. INFORMANT <i>Wilma Light</i>		Address <i>Lou Bell. R #11</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 Hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Disease</i>			<i>One Year</i>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <i>11:30</i> Month, Day, Year <i>10-26-56</i> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>10-26-56</i> to <i>10-26-56</i> and last saw <i>him</i> alive on <i>10-26-56</i> Death occurred at <i>11:30 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Clara E. Kitchell, M.D.</i>		22b. ADDRESS <i>St Clair Mo</i>	
22c. DATE SIGNED <i>10-26-56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>10-29-</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Prospect Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Franklin Co. Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Shirley Kitchell &amp; Clair</i>		25. DATE RECD. BY LOCAL REG. <i>10-26-56</i>	
26. REGISTRAR'S SIGNATURE <i>Aloyd Williams</i>			

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(If signed Embalmer's Statement on Reverse Side)

1934  
NOV 10

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**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... *Sherwood W. Kitchin* .....

Licensed Embalmer No. *36*

P. O. Address *St. Clair* .....

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