

FILED AUG 30 1957

STANDARD CERTIFICATE OF DEATH

282884
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3746

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSP.		d. STREET ADDRESS 519 W. 11th	
Length of stay in lb 45 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ROLAND ERNEST LIGHTCAP			4. DATE OF DEATH Month AUGUST Day 9 Year 1957			
First ROLAND Middle ERNEST Last LIGHTCAP						

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 31, 1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR - RETIRED	10b. KIND OF BUSINESS OR INDUSTRY UNION-P.R.R.	11. BIRTHPLACE (City and state or country) GREENWOOD, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME SAMUEL E. LIGHTCAP	14. MOTHER'S MAIDEN NAME MARY DELLA MITCHELL
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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) No	16. SOCIAL SECURITY NO. 712-05-2878	17. INFORMANT FRANKIE M. LIGHTCAP - 418 W 11th KCMO
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4200
- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes mellitus		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 8-3-57 to 8-9-57 and last saw her alive on 8-9-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Graham Owens	22b. ADDRESS 906 Grand	22c. DATE SIGNED 8-9-57
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE AUG. 10, 1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
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24. FUNERAL DIRECTOR MELLODY MCGILLEY EYLAR	25. DATE RECD. BY LOCAL REG. 8-10-57	26. REGISTRAR'S SIGNATURE near Marshall
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(Licensed Embalmer's Statement on Reverse Side)

Graham Owens
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Arthur E. Hoo*

Licensed Embalmer No. *4*
P. O. Address *K.C.*

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.