

Health,
Welfare
Public
Service

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-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1958

STATE FILE NUMBER 2359

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bolivar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 605 W. Broadway		Length of stay in lb 27 Yrs.	d. STREET ADDRESS (If outside, give location) 505 W. Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle (none) Last Lightfoot			4. DATE OF DEATH Month Jan. Day 1, Year 1958
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 Mar. 9, 1880
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance agent	11. BIRTHPLACE (City and state or country) Polk County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance agent		10b. KIND OF BUSINESS OR INDUSTRY Insurance	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry J. Lightfoot		13b. MOTHER'S MAIDEN NAME Fannie Vaughn	14. NAME OF HUSBAND OR WIFE Floy E. Lightfoot
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. 500365056	17. INFORMANT Floy E. Lightfoot, 505 W. Prdy, Address Bolivar, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute heart failure			INTERVAL BETWEEN ONSET AND DEATH 4 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7824			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 1-1-58 , to 1-1-58 and last saw ^{him} alive on 1-1-58 Death occurred at 5:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. McLean M.D.		22b. ADDRESS Bolivar Mo	22c. DATE SIGNED 1-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-3-58	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) Bolivar, Mo.
24. FUNERAL DIRECTOR Willard B. Erwin ADDRESS Bolivar, Mo		25. DATE RECD. BY LOCAL REG. Jan. 6, 1958	26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

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 *Marshall C. Blackw*

Licensed Embalmer No. *4713*

P. O. Address *Bolivar, m*

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.