

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021973

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2721

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSP.		Length of stay in 1b 4 YRS.	d. STREET ADDRESS (If outside, give location) 1232 PENNSYLVANIA
3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES LIGHT		4. DATE OF DEATH Month Day Year MAY 28-1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG-26-1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY STOCK EXCHANGE	11. BIRTHPLACE (City and state or country) SALEM, ARKANSAS
13a. FATHER'S NAME JOHN LIGHT		13b. MOTHER'S MAIDEN NAME MARY ELLEN Mc GUFFE	14. NAME OF HUSBAND OR WIFE -
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. 429-38-7549	17. INFORMANT (Sister) Address MRS. DOROTHY MATHEWS 2128-S-38 KC, 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) <i>Bronchial Pneumonia</i> DUE TO (b) <i>Post-Operative - Generalized Peritonitis</i> DUE TO (c) <i>Crossing of Duodenal Ulcer</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5410			INTERVAL BETWEEN ONSET AND DEATH 2 days 6 days 6 days 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 20, 1958, to May 27, 1958 and last saw her alive on May 27-1958 Death occurred at 4:33 PM - 5-28-1958 the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Roy V. Culp, D.O.</i>		22b. ADDRESS 4840 Central St. H.C. 16 Mo	
22c. DATE SIGNED 5-28-58		23c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23d. LOCATION (City, town, or county) (State) WEST PLAINS MISSOURI	
23b. DATE MAY-28-1958		24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S 3203-KANSAS CITY, MO	
25. DATE RECD. BY LOCAL REG. 5-29-58		26. REGISTRAR'S SIGNATURE <i>Wesley Marshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

Roy V. Culp



JUN 17 1958

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 *Albert L. Sav*

Licensed Embalmer No. *4812*

P. O. Address *Kansas*

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.