

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032809

STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4307

300
1-57

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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4123 Locust		Length of stay in lb. 54 Yrs.	d. STREET ADDRESS (If outside, give location) 4123 Locust Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARRY Middle ISAAC Last LIGHTNER			4. DATE OF DEATH Month 9 Day 8 Year 1958
5. SEX M	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-20-1875
9. AGE (In years at birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of last year) Ret. Painting & Deco.	11. BIRTHPLACE (City and state or country) Hinsdale, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Henry Lightner	13b. MOTHER'S MAIDEN NAME Henrietta McEveny
14. NAME OF HUSBAND OR WIFE Mamie Lightner		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) X X X	16. SOCIAL SECURITY NO. 497 36 5774
17. INFORMANT Mrs. Mamie Lightner		Address 4123 Locust	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 4 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			2 years
DUE TO (c)			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 Aug. 17 1958 to Sept. 6 1958 and last saw him alive on Sept. 6, 1958 Death occurred at 3 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert I Decker MD (Degree or title)		22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 9-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-10-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR Floral Hills Mem. Chapels, Inc		25. DATE RECD. BY LOCAL REG. 9-9-58	26. REGISTRAR'S SIGNATURE Neva Minshall

Albert I. Decker USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

1:30 to 5 PM
Memorial Park, Walnut St
Wichita, Kan.
Attn: [unclear]

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 *[Signature]* _____

Licensed Embalmer No. *3938* _____

P. O. Address *KC 910* _____

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.

