

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038973

STATE FILE NUMBER

1283

FILED DEC 8 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Morris | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Dwight 8150 8 |
| c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital, Nursing Home | | Length of stay in lb 12 days | d. STREET ADDRESS (If outside, give location) None |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First MARGARET Middle DAY Last LIGHTHALL | | | 4. DATE OF DEATH Month Nov. Day 28, Year 1958 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 15, 1876 | 9. AGE (In years last birthday) 82 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Dwight, Kansas | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Handy S. Day | 13b. MOTHER'S MAIDEN NAME Nanie L. Lindsay | 14. NAME OF HUSBAND OR WIFE Charles Lighthall, (deceased) |
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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. No | 17. INFORMANT George R. Lighthall, St. Joseph, Mo. | Address 1116 Highly St., |
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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) Cerebral Vascular Accident | | | INTERVAL BETWEEN ONSET AND DEATH 78 hrs + | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Old Hypertension | 33ix | | Yrs? |
| | DUE TO (c) Arteriosclerosis Gen. (Stenility) | | | Yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac Decompensation - myocardial insufficiency | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | |

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| 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. 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 |
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| 21. I attended the deceased from 11-26-58 , to 11-28-58 and last saw her alive on 11-28-58 Death occurred at 5:05 P.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Robert McKieher, MD | (Degree or title) | 22b. ADDRESS St. Joseph, Mo | 22c. DATE SIGNED 11-29-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Dec. 1, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Dwight Cemetery | 23d. LOCATION (City, town, or county) (State) Dwight Kansas |
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| 24. FUNERAL DIRECTOR Stamey Funeral Home | ADDRESS St. Joseph, Mo | 25. DATE RECD. BY LOCAL REG. Nov 28, 1958 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell |
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All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

Dr. Robert W. Kieher

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 *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph Mo*

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.