

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042644

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2793

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Ellisville 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		d. STREET ADDRESS (If outside, give location) 3. Clarkson Dr.	
Length of stay in lb 3 dys.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Benjamin Franklin Lightner			4. DATE OF DEATH Month Day Year Oct 31 1958
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 30 1881
9. AGE (In years less birthday) 77		10. FUNDER 1 YEAR Months Days Hours Min. 2 1	11. IF UNDER 24 HRS. Hours Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Mgr. (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Koppers Co.	11. BIRTHPLACE (City and state or country) Knoxville, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jacob Lightner	
13b. MOTHER'S MAIDEN NAME Sarah Epley		14. NAME OF HUSBAND OR WIFE Elizabeth Lightner	
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. unk.	17. INFORMANT Address Louise Lightner Ellisville, 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) HEMO PERICARDIUM			INTERVAL BETWEEN ONSET AND DEATH ACUTE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACUTE MYO CARDIAL INFARCTION			5 Days
DUE TO (c) ARTERIO SCLEROTIC HEART DISEASE			10 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			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 a.m. Month, Day, Year p.m.			
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 9-19-55 to 10-31-58 and last saw ^{her} alive on 10-30-58 Death occurred at 7:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hubert B. Dombek M.D.		22b. ADDRESS Ballwin, Mo.	22c. DATE SIGNED 10-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-1-58	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) St. Paul, Minnesota
24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home Ballwin Mo.		25. DATE RECD. BY LOCAL REG. 10-31-58	26. REGISTRAR'S SIGNATURE Hubert B. Dombek M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Bellewin, 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.