

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001523

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 174

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINNEUS	
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 LINNEUS 0580 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		Length of stay in lb 31 days	d. STREET ADDRESS (If outside, give location) Gen Del Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT MILTON SIGHTS			4. DATE OF DEATH Month Day Year 1st 10th 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-20-88	9. AGE (In years at birthday) 70 yrs	IF UNDER 1 YEAR Months Days Hours Min.	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) Painter&Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Linneus, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Lorenzo Sights	13b. MOTHER'S MAIDEN NAME Elvira Toothacher	14. NAME OF HUSBAND OR WIFE Gladys Sights
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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) Yes WWI	16. SOCIAL SECURITY NO. 710 12 5878	17. INFORMANT V.A. Hospital Records K.C., Mo. Address
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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) Generalized Supperative Peritonitis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Leakage at anastomosis site	
	DUE TO (c) Lymphosarcoma of stomach	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION LINNEUS	COUNTY LINNEUS	STATE MISSOURI
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 LINNEUS	COUNTY LINNEUS	STATE MISSOURI
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21. I attended the deceased from December 10, 1958 to January 10, 1959 Death occurred at 1:10 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Andrew J. Handolph</i> (Type name or title) MD	22b. ADDRESS V.A. Hospital, K.C., Mo	22c. DATE SIGNED 1-11-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY —	23d. LOCATION (City, town, or county) (State) LINNEUS, MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRASH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 1-11-59	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 30 1950

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 *[Handwritten Signature]*

Licensed Embalmer No. *4401*

P. O. Address *Kansas City*

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.