

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020993
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 712

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Los Angeles		
b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Arlington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) BURGE Hosp		Length of stay in hospital or institution 1 wk	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SARAH FRANCES LIGHTWINE			4. DATE OF DEATH Month Day Year 6-28-1959		
5. SEX female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1899	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Dallas Co Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Wood		13b. MOTHER'S MAIDEN NAME Minnie Sulemany		14. NAME OF HUSBAND OR WIFE James Lightwine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or none) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT James Lightwine Address 332x		
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 Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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
21. I attended the deceased from 6-17-59 to 6-28-59 and last saw ^{him} alive on 6-27-59 Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert C. Seaton M.D.			22b. ADDRESS Springfield Md. Bldg.		22c. DATE SIGNED 6-30-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-1-1959	23c. NAME OF CEMETERY OR CREMATORY Sulemany		23d. LOCATION (City, town, or county) (State) Dallas Co Mo
24. FUNERAL DIRECTOR L.B. Jones		ADDRESS Buffalo Mo	25. DATE RECD. BY LOCAL REG. 7-3-59	26. REGISTRAR'S SIGNATURE Effie S. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, 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 VS OCT 5 1960

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 *Leonard B. Jones*

Licensed Embalmer No. *2508*

P. O. Address *Buffalo*

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.