

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035122**

**FILED VS OCT 20 1959**

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 76 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar</b>		c. CITY OR TOWN <b>Lamar</b>	
Length of stay in 1b <b>2 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If outside, give location) <b>702 Truman</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Phoebe</b> Middle <b>Florence</b> Last <b>Ligon</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>10</b> Year <b>59</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/9/1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and state or country) <b>Canton S.D.</b>	
12. CITIZEN OF WHAT COUNTRY <b>US</b>		13a. FATHER'S NAME <b>William Yant</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Yant</b>	
14. NAME OF HUSBAND OR WIFE <b>James H Ligon</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>James H. Ligon Lamar, Mo</b>		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>sudden death</b>
DUE TO (b) _____		
DUE TO (c) <b>old age</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <b>LAMAR</b>	COUNTY <b>Barton</b> STATE <b>Mo</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on <b>Oct-10-59</b> Death occurred at <b>11a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE _____ (Degree or title)		22b. ADDRESS _____	22c. DATE SIGNED <b>10-12-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 13, 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Howell</b>	23d. LOCATION (City, town, or county) <b>Wilford Mo</b>	(State) _____
24. FUNERAL DIRECTOR <b>Beeny Funeral Home Sheldon Mo.</b>		ADDRESS _____	25. DATE RECD. BY LOCAL REG. <b>OCT 16 59</b>	
		26. REGISTRAR'S SIGNATURE <b>Marie Konantz</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 L. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Sheldon

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.