OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 043332
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 618

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY CALLAWAY
c. CITY OR TOWN FULTON
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 209 W. 6th (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Lynne Middle Ann Last Lightner
4. DATE OF DEATH Month December Day 14 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/14/59
9. AGE (last birthday)
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Columbia, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Fred DeVaul Lightner
13b. MOTHER'S MAIDEN NAME Marian Frances Taylor
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Marian Lightner Address Fulton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Erythroblastosis Fetalis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rh factor Sensitization
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prematurity 6 mo.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 9:39 AM, 12/14/59 to 10:30 A.M. 12/14/59 and last saw her alive on 12/14/59
Death occurred at 10:30 AM, 12/14/59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William B. Lee (Degree or title) MD
22b. ADDRESS Columbia Mo.
22c. DATE SIGNED 12/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-15-1959
23c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Gdns
23d. LOCATION (City, town, or county) Callaway Co. (State) Mo.

24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. Dec 14 1959
26. REGISTRAR'S SIGNATURE Mrs. R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Marshall C. Blackw

Signature of Student Embalmer

Licensed Embalmer No. 4713

P. O. Address Fulton, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.