

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001341

FILED VS. JAN 22 1960

Registration District No. 45 Primary Registration District No. 5566 Registrar's No.

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Iron</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Iron</b>			Length of stay in 1b <b>life</b>		c. CITY OR TOWN <b>Iron</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 1/2 M. S of Belleview</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1 1/2 mi. S. of Belleview</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <b>CHARLES PRESTON LIGHT</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>18</b> Year <b>1960</b>											
5. SEX <b>male</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>Feb. 12 1886</b>		9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Reynolds Co. Mo.</b>				11. BIRTHPLACE (City and state or country) <b>USA</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Francis Light</b>				13b. MOTHER'S MAIDEN NAME <b>Sally Hasty</b>				14. NAME OF HUSBAND OR WIFE <b>Louise Orrick Light</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO.				17. INFORMANT <b>Mrs. Louise Light, Belleview 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>cerebral hemorrhage</b> DUE TO (b) <b>arteriosclerosis, generalized</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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)										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 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		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>2.40 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <b>Mrs Elizabeth Logan Registrar District 145 Belleview Mo</b>						22b. ADDRESS				22c. DATE SIGNED <b>1-19-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>1-21-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Arcadia Valley Memorial Park, Ironton Mo.</b>				23d. LOCATION (City, town, or county) (State)							
24. FUNERAL DIRECTOR <b>White Funeral Home Ironton Mo.</b>						25. DATE RECD. BY LOCAL REG. <b>Jan 19 - 1960</b>				26. REGISTRAR'S SIGNATURE <b>Mrs Elizabeth Logan</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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ancel J. White

Licensed Embalmer No. 3212

P. O. Address Boston, Mass.

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