URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1 1960 11

60-009799

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5046 Registrar's No. 31

NDED

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 4 Miles S. W. Crane, Mo. Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Crane, Missouri Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Rt. 1, Crane, Missouri Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 Miles S. W. Crane. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Lucy Middle Jane Last Lightle
4. DATE OF DEATH Month Day Year 3/4/1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/18/1892
9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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
11. BIRTHPLACE (City and state or country) Carroll Co. Arkansas
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Ele Freeman
13b. MOTHER'S MAIDEN NAME Angeline Brewer
14. NAME OF HUSBAND ~~XXXXX~~ W J. H. Lightle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Address W. H. Lightle, Rt. L, Crane, Missou

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Embolism	Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive Heart Disease	Years
DUE TO (c)	Hypertensive Cardio-Vascular Disease	Years

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. ☐ 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 1/16/60, to 3/4/60 and last saw ~~X~~ live on 2/18/60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. P. Coyette M.D.
22b. ADDRESS Crane, Missouri
22c. DATE SIGNED 3/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/10/60
23c. NAME OF CEMETERY OR CREMATORY McCollough Cemetery
23d. LOCATION (City, town, or county) (State) 12 North, Berryville, Ark.

24. FUNERAL DIRECTOR ADDRESS Nelson Funeral Home, Berryville
25. DATE RECD. BY LOCAL REG. 3-22-1960
26. REGISTRAR'S SIGNATURE Mary McDonald, dep.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed Charles M. Nelson

Signature of Student Embalmer

Licensed Embalmer No. 5002

P. O. Address Perryville, Mo

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