

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029733

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 9496 Registrar's No. 26

FILED JUL 18 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>1020</u>				
2 <u>0690</u>				
3 <u>2</u>				
4 <u>1</u>				
5 <u>2</u>				
6				
7 <u>0</u>				
8 <u>2</u>				
9 <u>4500</u>				
10				
11				
12 <u>86-0</u>				
13 <u>3-0</u>				
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) SHELBYVILLE		c. CITY OR TOWN MONROE CITY	
Length of stay in lb 3 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME		d. STREET ADDRESS (If outside, give location) N. LOCUST	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First LELA Middle LIGHTBODY Last LIGHTBODY		4. DATE OF DEATH Month JULY Day 13 Year 1962	
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 JANUARY 1, 1881
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 81 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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) MONROE COUNTY, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ROBERT McNAIRAIR	
13b. MOTHER'S MAIDEN NAME LUCY SEARCY		14. NAME OF HUSBAND OR WIFE THOMAS LIGHTBODY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Alton Leeus Hamibal, Mo		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) <i>fatal stroke</i> <i>field accident several years before & that otherwise</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Stroke of general failure physically several months</i> DUE TO (c) <i>Probably arterio sclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 5:45 a.m. PM Month, Day, Year Feb 2, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Feb 2, 1962 to July 13, 1962 and last saw her alive on Feb 2, 1962 Death occurred at 5:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS Shelbyville - Mo	22c. DATE SIGNED 7-13-62
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 16, 1962	23c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE CITY, MO
24. FUNERAL DIRECTOR Wilson & Sons Monroe city mo		25. DATE RECD. BY LOCAL REG. 7-14-62	26. REGISTRAR'S SIGNATURE Marianne Simpson

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 me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson _____

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo

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.

Embalmed & returned 7-14-62 - MW