

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043073
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 573

VS 300
Rev. 4/59

1 7005
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|---|---|---|--|
| 1. FILED NOV 29 1962 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Jackson | | a. STATE Missouri b. COUNTY Platte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence | | Length of stay in 1b 3 years | c. CITY OR TOWN Weston |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 819 Main | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Weston |
| 3. NAME OF DECEASED (Type or print) | | First Mattie Middle R. Last Light | 4. DATE OF DEATH Month November Day 25 Year 1962 |
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-20-70 |
| 9. AGE (last birthday) 92 | | 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 home | 11. BIRTHPLACE (City and state or country) Weston, Missouri |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME George W. Robbins | |
| 13b. MOTHER'S MAIDEN NAME Sarah Jane Simmons | | 14. NAME OF HUSBAND OR WIFE Albert B. Light | |
| 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. none | 17. INFORMANT Mildred Carrol ^{Address} 4459 Jefferson K.C. Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Widespread metastasis | | | 3 yrs. |
| DUE TO (c) Carcinoma of the breast | | | |
| 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 | COUNTY | STATE |
| 21. I attended the deceased from May 1961 to Nov. 25, 1962 and last saw her alive on Nov. 20, 1962 Death occurred at 4:05 p m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Philip L. Riccardo D.D. | | 22b. ADDRESS 1206 W. Henry 24 Duder. Dr. | 22c. DATE SIGNED 11/26/62 |
| 23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial | 23b. DATE 11-28-62 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery | 23d. LOCATION (City, town, or county) (State) Weston, Missouri |
| 24. FUNERAL DIRECTOR Vaughn Funeral Home | | ADDRESS Weston, Mo. | 25. DATE RECD. BY LOCAL REG. 11-27-62 |
| | | 26. REGISTRAR'S SIGNATURE Alba L. Craig | |

USE BLACK INK OR TYPEWRITER RIBBON

