

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0007533

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 56

FILED FEB 26 1968

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clinton

Length of stay in 1b
2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Clinton General Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Henry

c. CITY OR TOWN Brownington

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

William Alva Lightle

4. DATE OF DEATH

Month

Day

Year

Feb 21 1968

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11 Mar 1897 70

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Garden City, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Nathan Lightle

13b. MOTHER'S MAIDEN NAME

Mary Doss

14. NAME OF HUSBAND OR WIFE

Gertrude

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.

510-05-5297

17. INFORMANT

Gertrude Lightle Brownington, 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)

Hypertensive & Bronchitis
Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

DUE TO (b)

Cerebrovascular Accident with

30 hrs

DUE TO (c)

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

3rd degree Burn Right Extracranial Fracture

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. Month, Day, Year
12:00 p.m. 2-20-68

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.)
Farm Home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-20-68 to 2-21-68 and last saw her alive on 2-21-68

Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard W. Thurgood M.D.

22b. ADDRESS

100 S. 3rd Clinton Mo

22c. DATE SIGNED

2-22-68

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

2-24-68

23c. NAME OF CEMETERY OR CREMATORY

Chapel Hill Memorial

23d. LOCATION (City, town, or county)

Kansas City

(State)

Kans

24. FUNERAL DIRECTOR

ADDRESS

Sickman-Dunning F H Clinton, Mo

25. DATE RECD. BY LOCAL REG.

2-22-68

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0

2 70

3

4 0

5 1

6 4369

7 4

8 4

9

10

11 0

12

13 1-0

0425
0420

MAR 19 1968

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 _____
Signature of Student Embalmer

Signed

R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address

Clinton MD

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.

Permit obtained 2-22-68
MB