

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23069

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 105

1. PLACE OF DEATH  
 a. COUNTY **Cley**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Excelsior Springs**  
 c. LENGTH OF STAY (in this place) **8 mos.**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **113 Farris Street**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **Ray**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Richmond** **0891**  
 d. STREET ADDRESS (If rural, give location) **Street not listed**

3. NAME OF DECEASED (Type or Print)  
 a. (First) **William** b. (Middle) **Harrison** c. (Last) **Bright**  
 4. DATE OF DEATH (Month) (Day) (Year) **July 31, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **April 17, 1864** 9. AGE (In years last birthday) **86** IF UNDER 1 YEAR Months **3** Days **4** IF UNDER 12 HRS. Hours **4** Mins.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Barber** 10b. KIND OF BUSINESS OR INDUSTRY **Barbering** 11. BIRTHPLACE (State or foreign country) **Indiana** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Samuel B. Bright** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Minnie (Gibson) Bright**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE AND ADDRESS **Mrs. Ernest Clemmons, Excelsior Springs**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Toxemia** (b) **Gangrene left foot** (c) **Diabetes mellitus**  
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
 19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **5 July, 1950** to **9 July, 1950**, that I last saw the deceased alive on **28 July, 1950**, and that death occurred at **3:40 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George E. Sanders M.D.** 23b. ADDRESS **Excelsior Springs, Mo.** 23c. DATE SIGNED **2 Aug 1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **August 2, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Hickory Grove** 24d. LOCATION (City, town, or county) (State) **Ray County, Missouri**

DATE REC'D BY LOCAL REG. **8/2/50** REGISTRAR'S SIGNATURE **Karoline Hutchings** 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS **Quest-Life Funeral Home, Richmond, Missouri**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 16 1950



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 .....  
Student Embalmer

Signed.....

*George L. ...*

Licensed Embalmer No. 4066

P. O. Address *Richard M. ...*

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 this body is not embalmed, fact should be so stated above.