

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. **32379**

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6187** Registrar's No. **61**

1060

1

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

1. PLACE OF DEATH a. COUNTY Lanney Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lanney 1060	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Protem		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Protem	
c. LENGTH OF STAY (in this place) 60 yrs		d. STREET ADDRESS (If rural, give location) Rural Lanney Co - Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) JOHN (Type or Print)			b. (Middle) WESLEY			c. (Last) BRIGHTWELL			4. DATE OF DEATH (Month) (Day) (Year) 9-16-1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Dec-10-1861		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Month Days Hours Min. 9 16	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Farmer Owner			11. BIRTHPLACE (State or foreign country) State of Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.A		
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13a. FATHER'S NAME Thomas Brightwell			13b. MOTHER'S MAIDEN NAME Mary Ann Tupper			14. NAME OF HUSBAND OR WIFE Fannie (Black)		
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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'S SIGNATURE OR NAME Jess Rogell - Protem Mo		ADDRESS	
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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.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction						2 wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adynamic Ileus						2 wks	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						5701	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **9-2**, 19**50**, to **9-16**, 19**50**, that I last saw the deceased alive on **9-7**, 19**50**, and that death occurred at **12⁵⁰ P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Holman D.D.		23b. ADDRESS Gainesville, Mo		23c. DATE SIGNED 9/20/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept-18-50		24c. NAME OF CEMETERY OR CREMATORY Protem Cemetery		24d. LOCATION (City, town, or county) (State) Protem Lanney Co - Mo	
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DATE REC'D BY LOCAL REG. Sept-22-1950		REGISTRAR'S SIGNATURE J E Cogwell 376		25. FUNERAL DIRECTOR'S SIGNATURE Blenkinghous Funeral Home		ADDRESS Gainesville Mo	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 25 1950

Dist. File 950-1980

Date Filed 9-27-50

DEC 11 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 Charles A. Rauf

Licensed Embalmer No. 3044

P. O. Address Yamouille

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.