

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41125**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **476**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 109 S. Pendleton	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) J c. (Last) Brightman			4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 28, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reporter (retired)		10b. KIND OF BUSINESS OR INDUSTRY Newspapers		11. BIRTHPLACE (State or foreign country) Green Top, Mo.	

13a. FATHER'S NAME Samual C. Brightman		13b. MOTHER'S MAIDEN NAME Jenecta Forhee		14. NAME OF HUSBAND OR WIFE (deceased) Elizabeth M. Brightman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME George Brightman, Lancaster, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH ? 5-92X ?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Nephritis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) See Anemia			

19a. DATE OF OPERATION 12/8		19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11/28, 1950**, to **12/8, 1950** that I last saw the deceased alive on **12/8, 1950**, and that death occurred at **4:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Shast Brantke MD		23b. ADDRESS Independence Mo		23c. DATE SIGNED 12/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 12, 1950		24c. NAME OF CEMETERY OR CREMATORY Id. Grove Cem.	
24d. LOCATION (City, town, or county) (State) Independence, Mo.					

DATE REC'D BY LOCAL REG. Dec. 11 1950		REGISTRAR'S SIGNATURE Miss R. Bailey		25. FUNERAL DIRECTOR'S SIGNATURE Geo. L. Carson	
				ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

84

Shast Brantke
FILED DEC 27 1950

DEC 2 0 RECD

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

John M. Keenan

Licensed Embalmer No. *4704*

P. O. Address *Independence*

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.