

FILED FEB 7 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 1516

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 23		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 3 mos		d. FULL NAME OF HOSPITAL OR INSTITUTION 1321 Hazel Ave		
a. STATE Missouri		b. COUNTY Jasper		c. CITY (If outside corporate limits, write RURAL and give township) Avilla		d. STREET ADDRESS (If rural, give location) -----		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) NANCY		b. (Middle) CAROLINE		c. (Last) BRIGHT		d. (Month) (Day) (Year) Jan 27, 1951		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 2, 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR 5 Months	IF UNDER 24 HRS. 25 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY domestic		11. BIRTHPLACE (State or foreign country) Warrensburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jerome Burnett			13b. MOTHER'S MAIDEN NAME Mary ?		14. NAME OF HUSBAND OR WIFE Henry M. Bright			
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 ADDRESS Nora Valenzuela, Carthage, Mo 1321 Hazel Ave				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 yrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic valvular heart				ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____				
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.				senility				4214
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 Jan 19, 1949, to Jan 27, 1951, that I last saw the deceased alive on Jan 24, 1951, and that death occurred at 6:55p m., from the causes and on the date stated above.								
23a. SIGNATURE W.S. Burney			23b. ADDRESS Miller, Mo		23c. DATE SIGNED 1-28-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-30-51		24c. NAME OF CEMETERY OR CREMATORY Avilla Cemetery		24d. LOCATION (City, town, or county) (State) Avilla, Mo.		
DATE REC'D BY LOCAL REG. 1-30-51		REGISTRAR'S SIGNATURE 139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

493  
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RECEIVED 2-6-51  
Jasper County Health Office

County File Number 51-1-93

Date Filed 2-6-51

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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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.