

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8045

State File No. _____

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>273</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>42 years</u>		c. CITY OR TOWN <u>Springfield</u>		<u>1396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>720 Benton</u>				d. STREET ADDRESS (If rural, give location) <u>720 Benton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jay</u>			b. (Middle) _____			c. (Last) <u>Brite</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 6, 1876</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sec & Treas</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Music Store</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Asbury Brite</u>			13b. MOTHER'S MAIDEN NAME <u>Evelyn Spillman</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Lines Brite</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Frances Bogardus, Springfield, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostate phthisis etc.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic C.A. urinary bladder</u> DUE TO (c) <u>Carcinoma of Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lt. Kidney removed 1947.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 mo.</u> <u>3-4 mo.</u> <u>12 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>				20. AUTOPSY? YES <input checked="" 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) _____		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 <u>9-12, 1949</u> , to <u>3/23, 1951</u> , that I last saw the deceased alive on <u>3-23, 1951</u> , and that death occurred at <u>4:00A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. M. Klugner</u> (Degree or title) _____				23b. ADDRESS <u>M. D. 1630 N. Jefferson</u>			
23c. DATE SIGNED <u>3/26/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		DATE REC'D BY LOCAL REG. <u>3-26-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1951

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APR 10 1951

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 Bernard F. Wright

Licensed Embalmer No. 429B

P. O. Address Springfield, Mo

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.