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

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25911

Registrar's No. 39

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6156		State File No. 25911		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Stone					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Eye MO				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Eye MO					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home James Sp				d. STREET ADDRESS (If rural, give location) MO					
3. NAME OF DECEASED (Type or Print) a. (First) Monty b. (Middle) M. c. (Last) Bright				4. DATE OF DEATH (Month) (Day) (Year) 7-24-51					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 2-1867		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Near Blue Eye MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William M Bright				13b. MOTHER'S MAIDEN NAME Sarah Bright		14. NAME OF HUSBAND OR WIFE Mrs Emma White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Emma White Vernon Ill			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 23, 1951, to July 24, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr Donaldson MD				23b. ADDRESS Acacia Forest Rd		23c. DATE SIGNED 7-25-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-25-51		24c. NAME OF CEMETERY OR CREMATORY Blue Eye		24d. LOCATION (City, town, or county) (State) Blue Eye MO			
DATE REC'D BY LOCAL REG. 7-25-51		REGISTRAR'S SIGNATURE Mrs J. M. Brown		25. FUNERAL DIRECTOR'S SIGNATURE P. O. Whelchel		ADDRESS Branson MO			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 6 1951

Dist. File

Date Filed

821-1422

8-9-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Minnie L. Welchel

Licensed Embalmer No. 2277

P. O. Address

Burnson 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.