

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29741**

FILED SEP 26 1951

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 5239		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Linn				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Linn			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) 9 Mi. W. of Stockton, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) JULIA		b. (Middle) A		c. (Last) BRIGHT	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 13, 1873	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Josiah Cook		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
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 Mrs. W. L. Schaffner, Stockton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH Days	
19a. DATE OF OPERATION 9-14		19b. MAJOR FINDINGS OF OPERATION 490X				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 9-1 , 1951, to 9-4 , 1951, that I last saw the deceased alive on 9-4 , 1951, and that death occurred at 11:55 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. B. Richter M.D.				23b. ADDRESS Stockton, Mo.		23c. DATE SIGNED 9-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/9/1951		24c. NAME OF CEMETERY OR CREMATORY Hamby Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. 9-13-51		REGISTRAR'S SIGNATURE Geneva Garrison		25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon		ADDRESS Stockton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED

SEP 18 1951

Dist. File

Date Filed

931-1696

9-18-51

SEP 28 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 _____

Richard W. Bandall

Student Embalmer No.

405

working under my personal supervision.

Student

Richard W. Bandall

Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No.

4387

P. O. Address

Stockton, 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.