

FILED NOV 13 1951

STANDARD CERTIFICATE OF DEATH

DP. F. 33188
State File No. 941

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 941

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 1396	
c. LENGTH OF STAY (in this place) 1 yr		d. STREET ADDRESS (If rural, give location) 2612 W. Mt. Vernon	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LABERTA		b. (Middle) BELLE		c. (Last) BRIGHT		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 2, 1913		9. AGE (In years last birthday) 38 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - -		11. BIRTHPLACE (State or foreign country) Foster, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME BERT WEBB		13b. MOTHER'S MAIDEN NAME IDA COURTEON		14. NAME OF HUSBAND OR WIFE JOE L. 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. Unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOE L. BRIGHT, 2612 W. Mt. Vernon	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent carcinoma of Breast		INTERVAL BETWEEN ONSET AND DEATH	
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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Asynchronous carcinoma both breasts 170X		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)		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 June 30, 1950, to Nov. 3, 1951, that I last saw the deceased alive on Nov. 3, 1951, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE G. L. Harshbarger M.D.		(Degree or title)		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 11-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/3/51		24c. NAME OF CEMETERY OR CREMATORY Neosho City Cemetery		24d. LOCATION (City, town, or county) (State) Neosho, Mo.	

DATE REC'D BY LOCAL REG. 11-7-51		REGISTRAR'S SIGNATURE W. E. Hardley '64 D		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER, SPRINGFIELD, MO.	
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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 *Gene Schneyder*

Licensed Embalmer No. 4724

P. O. Address Spfd, 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.