

FILED SEP 6 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28612

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 87

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Lafayette</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>R. Craig</i> | |
| b. CITY OR TOWN <i>Lexington Mo</i> c. LENGTH OF STAY (in this place) <i>24 hrs</i> | | c. CITY OR TOWN <i>Hennetta Mo. 070</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lexington Memorial Hospital</i> | | d. STREET ADDRESS (If rural, give location) <i>1 block off Hwy 13</i> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Mr</i> b. (Middle) <i>named Infant</i> c. (Last) <i>Bright</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>August 23 - 1952</i> |
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| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i> | 8. DATE OF BIRTH <i>Aug 22 - 1952</i> | 9. AGE (If under 1 year last birthday) Months Days Hours Min. <i>24 hours</i> |
|--------------------|-------------------------------|---|---------------------------------------|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>nil</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>nil</i> | 11. BIRTHPLACE (City and State or Foreign Country) <i>Hennetta Mo</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
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| 13a. FATHER'S NAME <i>Not Known</i> | 13b. MOTHER'S MAIDEN NAME <i>Virginia Lu Bright</i> | 14. NAME OF HUSBAND OR WIFE <i>XXXX none</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | 16. SOCIAL SECURITY NO. <i>none</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Coroner's Report</i> | ADDRESS |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <i>24 hr.</i> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Second and third degree Burns</i> | | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>History indicate this child was born in car and door bolt and stuck in a fast road box by the mother and the fire & contacts reported by the mother</i> | | DUE TO (b) <i>this child was born in car and door bolt and stuck in a fast road box by the mother and the fire & contacts reported by the mother</i> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <i>No operation</i> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Home</i> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Hennetta Craig Mo</i> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Aug 22 1952 9P.M.</i> | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>Infant head in car door box with mother and contacted by the mother</i> |
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22. I hereby certify that I attended the deceased from the date *19 10 1952* to *9-23*, 19*52*, that I last saw the deceased alive on *19*, 19*52*, and that death occurred at *5:20 P.M.*, from the causes and on the date stated above.

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| 23a. SIGNATURE <i>W. M. Martin, M.D. Coroner</i> | (Degree or title) <i>3</i> | 23b. ADDRESS <i>Odessa Mo.</i> | 23c. DATE SIGNED <i>8-23-52</i> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 24b. DATE <i>August 23, 1952</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Richmond</i> | 24d. LOCATION (City, town, or county) (State) <i>Richmond, Missouri.</i> |
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| DATE REC'D BY LOCAL REG. <i>8-30-52</i> | REGISTRAR'S SIGNATURE <i>M. Mason</i> | FUNERAL DIRECTOR'S SIGNATURE <i>James T. Tenney</i> | ADDRESS <i>Lexington, Missouri</i> |
|--|--|--|---------------------------------------|

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

70714

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 _____

Art Embalsmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John M. Keon

Licensed Embalmer No. 2983

P. O. Address *Delaware, Delaware*

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.