

FILED OCT 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. 34570

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SouthWest City		c. CITY OR TOWN SouthWest City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 48 yrs		e. STREET ADDRESS (If rural, give location) 0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Bright			4. DATE OF DEATH (Month) (Day) (Year) October 21 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1 1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Day 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and State or Foreign Country) / Okley Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME D. R. Bright	13b. MOTHER'S MAIDEN NAME Oliva Riggs	14. NAME OF HUSBAND OR WIFE Frankie R. Bright
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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) No	16. SOCIAL SECURITY NO. 499-14-8683	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arbie V. Bright Bentonville, Ark.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 2, 1954, to Oct 21, 1954, that I last saw the deceased alive on Oct 21, 1954, and that death occurred at 9:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. B. B. Pinnell M.D.	23b. ADDRESS 423 - 1st St. Bentonville, Mo.	23c. DATE SIGNED 11/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-24-54	24c. NAME OF CEMETERY OR CREMATORY SouthWest City, Cem.	24d. LOCATION (City, town, or county) (State) SouthWest City, Mo.
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DATE REC'D BY LOCAL REG. 10-24-54	REGISTRAR'S SIGNATURE [Signature]	423 -	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. M. [Signature] Bentonville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Wm Merri Dague*.....

Licensed Embalmer No. *3442*.....

P. O. Address *Wheaton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.