

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27514

State File No.

FILED SEP 4 1956

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5767 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Bedford Twp))		c. CITY OR TOWN Troy	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp		e. STREET ADDRESS (If rural, give location) RFD #4	

3. NAME OF DECEASED (Type or Print) Charles Guy Brightwell	a. (First) Charles	b. (Middle) Guy	c. (Last) Brightwell	4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Railroad Shop	11. BIRTHPLACE (City and State or Foreign Country) Naylor, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William D. Brightwell	13b. MOTHER'S MAIDEN NAME Martha E. Dunn	14. NAME OF HUSBAND OR WIFE Helen Doerr Brightwell
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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) Yes WW I	16. SOCIAL SECURITY NO. 708-14-2564	17. INFORMANT'S SIGNATURE OR NAME Mrs Helen D. Brightwell	ADDRESS Troy, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant hypertension 1 year		INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	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 445x	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)	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 **June 7, 1956 to 8-27, 1956** that I last saw the deceased alive on **Aug. 27, 1956**, and that death occurred at **9:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. J. Kelly	Degree or title D.O.	23b. ADDRESS Troy, Missouri	23c. DATE SIGNED 8/28/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/29/56	24c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery	24d. LOCATION (City, town, or county) (State) Lincoln County, Missouri
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DATE REC'D BY LOCAL REG. 9-1-1956	REGISTRAR'S SIGNATURE Emma R. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE Kemper-Marsh Funeral Home	ADDRESS Troy, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

162-0

SEP 5 1956

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..... *Joseph J. Marsh*
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.