

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12648

State File No.

FILED APR 30 1957

5383

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. _____ Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>DENT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DENT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL- Wadden Twp.</u>		c. CITY OR TOWN _____	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>16 years</u>		e. STREET ADDRESS (If rural, give location) <u>P.O. JADWIN, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR JADWIN, MO. P.O.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>AUGUSTINE</u>	b. (Middle) <u>ED</u>	c. (Last) <u>BRIGHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 26 1957</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 21, 1885</u>	9. AGE (In years last birthday) <u>71</u>	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) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>VERNON COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>RODNEY T. BRIGHT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HYDER</u>	14. NAME OF HUSBAND OR WIFE <u>MARY M'DONALD BRIGHT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-10-0359</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY BRIGHT</u>	ADDRESS <u>JADWIN, MO.</u>
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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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death Due To Natural Causes</u> (Verdict of Coroners Jury)		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 4:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Max R. Berfel</u>	(Degree or title) <u>Dr. Surgeon</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>4-27-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 28, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JADWIN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DENT COUNTY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>4/27/57</u>	REGISTRAR'S SIGNATURE <u>M.M. Hart, MD.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max R. Berfel</u>	ADDRESS <u>Salem, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5380

FEB 18 1959

FEB 18 1959

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 Max R Waibel

Licensed Embalmer No. 4170

P. O. Address Salem, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.