

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 6 5 7

FILED VS JAN - 5 1960 178

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 108

MEMORANDUM

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lewis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>La Belle</u> | | c. CITY OR TOWN <u>La Belle</u> | |
| Length of stay in 1b <u>life</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|--|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Amey</u> Middle <u>Ida</u> Last <u>Brightwell</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>22</u> Year <u>1959</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/27/1981</u> | 9. AGE (last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>La Belle, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John G. Richmond</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura King</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>John Everett Brightwell</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>496-40-8435</u> | |
| 17. INFORMANT <u>Everett Brightwell</u> | | Address <u>La Belle, Mo.</u> | | | |

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|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> | | <u>Immediate</u> |
| DUE TO (b) _____ | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Intestinal influenza</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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|--|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>Dec. 7, 1959</u> to <u>Dec. 22, 1959</u> and last saw <u>her</u> alive on <u>Dec. 21, 1959</u> Death occurred at <u>10:30</u> A. <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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|--|-------------------------------------|---|--|--|
| 22a. SIGNATURE (Degree or title) <u>Harry L. M. Brackley D. O.</u> | | 22b. ADDRESS <u>La Belle, Missouri</u> | | 22c. DATE SIGNED <u>12/24/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/24/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u> | 23d. LOCATION (City, town, or county) <u>La Belle Missouri</u> | |
| 24. FEDERAL DIRECTOR <u>John J. LaBelle</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-28-'59</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u> | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 8

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by Myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. C. Coder Jr.
Licensed Embalmer No. 4328
P. O. Address LaBelle, 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.