

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 4 5 0 4 4

FILED VS DEC 23 1959

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 159 STATE FILE NUMBER

MAILED

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood | | Length of stay in 1b | c. CITY OR TOWN Rolla |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U S ARMY Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Grant Apts |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Alfred Middle George Last Bright | | | 4. DATE OF DEATH Month Dec Day 12 Year 1959 | |
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|-----------------------|--------------------------------|---|-------------------------------------|-------------------------------------|--|--|
| 5. SEX Male | 6. COLOR OR RACE Cau | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Jan 8 02 | 9. AGE (last birthday) 57 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|-----------------------|--------------------------------|---|-------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | 10b. KIND OF BUSINESS OR INDUSTRY Construction | 11. BIRTHPLACE (City and state or country) Marietta Ohio | 12. CITIZEN OF WHAT COUNTRY USA |
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|--|--|--|
| 13a. FATHER'S NAME Unknown George Bright | 13b. MOTHER'S MAIDEN NAME Unknown Edna Thies | 14. NAME OF HUSBAND OR WIFE Josephine B 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. Unknown | 17. INFORMANT Josephine B Bright | Address Rolla Mo |
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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: IMMEDIATE CAUSE (a) Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease | | |
| DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) |
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|---|------------------|
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year |
|---|------------------|

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|--|--|--|-------------------------|--------------------------|
| 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 Rolla | COUNTY Phelps | STATE Missouri |
|--|--|--|-------------------------|--------------------------|

21. I attended the deceased from **Dec 11, 1959** to **Dec 12, 1959** and last saw ^{him} alive on **Dec 12, 1959**
Death occurred at **0845** **A** 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) <i>Harold L. Bissell Capt M.C.</i> | 22b. ADDRESS US Army Hospital Fort Leonard Wood Mo | 22c. DATE SIGNED 12/12/59 |
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|---|-----------------------------------|--|--|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Dec. 14, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Marietta Cemetery | 23d. LOCATION (City, town, or county) Marietta, Ohio | (State) |
|---|-----------------------------------|--|--|---------|

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| 24. FUNERAL DIRECTOR Null & Sons Funeral Home By <i>Paul E. Null</i> | ADDRESS Rolla | 25. DATE RECD. BY LOCAL REG. 12-14-59 | 26. REGISTRAR'S SIGNATURE <i>Paul E. Null</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

DEC 29

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.