

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016413

FILED VS MAY 10 1960 280 Primary Registration District No. 4423 Registrar's No. 31

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Platte			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston, Mo.		Length of stay in 1b 30 Days		c. CITY OR TOWN Platte City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Matthews Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS None (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Thomas Middle Dudley Last Brightwell			4. DATE OF DEATH Month May Day 3 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-29-1861	9. AGE (last birthday) 99	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Platte County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William P. Brightwell			13b. MOTHER'S MAIDEN NAME Betty Oliver		14. NAME OF HUSBAND OR WIFE Sally Brightwell		
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. NONE		17. INFORMANT Address Ray D. Brightwell Platte City, Mo			
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) Acute Circulatory Failure						4 hours	
DUE TO (b) Asthma & Emphysema						20 yrs.	
DUE TO (c) XXXXXXXXXXXX							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Rheumatoid Arthritis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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.) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
20c. TIME OF INJURY Hour _____ a.m. _____ XXXXXXXXXXXX	Month, Day, Year XXXXXXXXXXXX						
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.) XXXXXXXXXXXXXXXXXXXX		20f. CITY, TOWN, OR LOCATION XXXXXXXXXXXXXXXXXXXX		COUNTY STATE	
21. I attended the deceased from Apr. 8, 1960 to May, 3, 1960 and last saw him alive on May, 2, 60 Death occurred at 8 o'clock A M on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Lewis C. Calverh MD. (Degree or title)			22b. ADDRESS Weston Missouri			22c. DATE SIGNED 5/6-1960 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-5-1960	23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery		23d. LOCATION (City, town, or county) Platte City, Mo.			
24. FUNERAL DIRECTOR Rollins & Mitchell Platte City, Mo ADDRESS Missouri			25. DATE RECD. BY LOCAL REG. May 5-1960		26. REGISTRAR'S SIGNATURE Bphia Rollins		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Tommy R. Rollins, Student Embalmer No. 581
working under my personal supervision.

Student Tommy R. Rollins
Signature of Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 472

P. O. Address St. Louis City

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.