

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 24 1960

=60-020032

Registration District No. 187 Primary Registration District No. 3080 Registrar's No. 97

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 4 yrs.		c. CITY OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1318 Webster St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1318 Webster St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRIET Middle B. Last BRIGHTWELL				4. DATE OF DEATH Month MAY Day 10 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/28/1888	9. AGE (last birthday) 71	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) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Price Administration		11. BIRTHPLACE (City and state or country) Locksprings, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES M. EADS			13b. MOTHER'S MAIDEN NAME VIRGINIA ELLEN MCCLURE		14. NAME OF HUSBAND OR WIFE JESSE L. 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. 577-20-9446		17. INFORMANT J.L. BRIGHTWELL Chillicothe, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis							INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease							Unknown	
DUE TO (c) _____								
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 checked="" type="checkbox"/> No <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.)				
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>May 1958</u> to <u>May 10, 1960</u> and last saw her <u>live</u> on <u>April 1960</u> Death occurred at <u>5:00 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) William L. Fay, M.D.				22b. ADDRESS Chillicothe, Mo			22c. DATE SIGNED 5/11/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/12/60	23c. NAME OF CEMETERY OR CREMATORY EDGEWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) CHILlicothe, MISSOURI			
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.				25. DATE RECD. BY LOCAL REG. 5-11-60		26. REGISTRAR'S SIGNATURE Frances B. Neill		

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. A. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, I

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.