

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 ED VS DEC 12 1960

-60-042854

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. James Bayou</u>		Length of stay in 1b <u>Lifetime</u>		c. CITY OR TOWN <u>Whiting, Missouri</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 <u>1 1/2 Miles NE East P. Mo</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>East Prairie, Mo Rt.</u>		
3. NAME OF DECEASED (Type or print) First <u>Elijah</u> Middle <u>Bright</u> Last <u>Bright</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>23</u> Year <u>1960</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-4-1901</u>		
9. AGE (last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Near East Prairie Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry P. Bright</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Jackson</u>			14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>499-20-5012</u>		17. INFORMANT <u>Richard Bright, East Prairie, Mo Rt. 1</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>gunshot wound of skull thru brain</u>							INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)					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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Mr. Bright lived alone and was some what mental unbalanced. He shot his self thru</u>				
20c. TIME OF INJURY Hour _____ m. _____ p.m. _____		Month, Day, Year <u>the Skull with a 22 cal. Rifle, causing instant</u>		<u>death, Oscar bright a brother found the body.</u>				
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>After death as Coroner</u> and last saw <u>her</u> <u>him</u> alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Charleston, Mo.</u> Coroner				22b. ADDRESS <u>Charleston, Mo.</u>		22c. DATE SIGNED <u>12/2/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-25-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mississippi County Mo.</u>		
24. FUNERAL DIRECTOR <u>Travis Shelby East Prairie, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-6-60</u>		26. REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>		

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 Travis Shelby Jr.

Licensed Embalmer No. 1194

P. O. Address East Point

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.