

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041719

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 401

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY MARION	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL	a. STATE MISSOURI b. COUNTY MARION	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in lb 3 DAYS		c. CITY OR TOWN MONROE CITY	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSPITAL		d. STREET ADDRESS R.F.D.3	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First ELMER	Middle ULYSIS	Last BRIGHT	Month NOVEMBER Day 13,1961 Year
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 JAN. 15, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 66
11. BIRTHPLACE (City and state or country) CANEY, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM R. BRIGHT		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MARGARETE W. BRIGHT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W.I. JUNE 5, 1918 MAY 31.		16. SOCIAL SECURITY NO. 19196	
17. INFORMANT Elmer Bright		Address Lawrence Grove, 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) Alumina			3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hepatitis of Liver			
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 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 _____ to _____ and last saw her him alive on _____ Death occurred at 1.15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. M. Wilson MD		22b. ADDRESS Hannibal, Mo.	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE NOV. 14, 1961	23c. NAME OF CEMETERY OR CREMATORY OAKWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) DOWNERS GROVE, ILLINOIS
24. FUNERAL DIRECTOR Wilson's Sons		25. DATE RECD. BY LOCAL REG. Nov. 13, 1961	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by William M. Norman

DATE ENTERED

INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Nelson _____

Licensed Embalmer No. 2014

P. O. Address Monroe City, 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.