

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032961

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. 5775 Registrar's No. 58

FILED SEP 4 1963

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Somerset Twp.		c. CITY OR TOWN Mercer	
Length of stay in 1b Years		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home		d. STREET ADDRESS (If outside, give location) Somerset Twp.	
Inside Limits Yes ☐ No ☒		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) John Harley Bright		4. DATE OF DEATH Month Aug. Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Nov 30, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
13a. FATHER'S NAME Sam Bright		13b. MOTHER'S MAIDEN NAME Mary Wood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War No. I		16. SOCIAL SECURITY NO. 491-42-1476	
17. INFORMANT Emma Bright		Address Mercer, 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) Acute Circulatory Failure DUE TO (b) Dissecting Aortic Aneurysm ruptured into Pericardium DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH hrs day yes	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
20c. TIME OF INJURY Hour 1:00 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lineville Iowa	
21. I attended the deceased from Aug 12-1963 to Aug 15-63 and last saw him alive on Aug 15-1963 Death occurred at 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Geo J Harrison D.O.	
22b. ADDRESS Mercer, Missouri		22c. DATE SIGNED 8-29-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 17, 1963	
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) (State) Lineville Iowa	
24. FUNERAL DIRECTOR Ames Greenlee		25. DATE RECD. BY LOCAL REG. 8-29-63	
ADDRESS Lineville		26. REGISTRAR'S SIGNATURE Shel Math	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
1 0650
2 0650
3
4 0
5 1
6
7 1
8 15-0
9 451X
10
11
12 190-2
13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

SEP 5 1963

SEP 6 1963

SEP 17 1963

OCT 10 1963

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,

~~_____~~, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 3968

P. O. Address Lineville I wa

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.

Wm. Adams of N. H.