

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12476

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Ashton c. (Last) Bright			4. DATE OF DEATH (Month) (Day) (Year) 4 24 55
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 4-14-1886
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months 0 Days 10	11. IF UNDER 1 YEAR Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pop-corn		10b. KIND OF BUSINESS OR INDUSTRY Concession	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME not known	
13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Dora Brandt (deceased)	
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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. P. Meade		ADDRESS Higginsville	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alcoholism  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) This man was found dead in his room. X-rays still show he had been drinking heavily for about 3 weeks. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart condition	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No surgery	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		3222	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from birth to death, and that he died on April 24, 1955, at 9 A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Martin J. Carver		23b. ADDRESS O.essa, Mo	23c. DATE SIGNED 4-24-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-26-55	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Higginsville, Mo
DATE REC'D BY LOCAL REG. 4-24-55	REGISTRAR'S SIGNATURE Chayton H. Landrum 154	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ernest S. Hooper Higginsville, Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Forrest A. Hooper

Licensed Embalmer No. 4348

P. O. Address Higginsville, 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 this body is not embalmed, fact should be so stated above.