

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17015

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5704 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WHEELING 3</u>	c. LENGTH OF STAY (In this place) <u>30 YRS</u>	c. CITY OR TOWN <u>WHEELING</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>570</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ICT OF 36 Hwy &amp; M</u>		e. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>	b. (Middle) <u>BASIL</u>	c. (Last) <u>BRIGHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11, 1956</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10 MAY 1891</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPERATING ENGINEER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WHEELING, MISSOURI</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>BENSON BRIGHT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY J. BOWEN</u>	14. NAME OF HUSBAND OR WIFE <u>CORA LITRELL BRIGHT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>499-36 7115</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CORA BRIGHT: WHEELING, MISSOURI</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Contusion of Heart &amp; Lung</u>		<u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>059</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi way 36</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WHEELING, Livingston, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 11 56 9P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car turned over on Deceased</u>

22. I hereby certify that I attended the deceased from None, 1956, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased Simon May 11, 1956, and that death occurred at 9 P. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D. (Coroner)</u>	23b. ADDRESS <u>3 Chillicothe, Mo</u>	23c. DATE SIGNED <u>May 14-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WHEELING</u>
24d. LOCATION (City, town, or county) (State) <u>WHEELING, MO.</u>		

DATE REC'D BY LOCAL REG. <u>May-14-56</u>	REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>NORMAN FUNERAL HOME: CHILLICOTHE, MO</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

71-0

JAN 4 1953

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.....  
Signature of Student Embalmer

Signed *Elton J. Norman*

Licensed Embalmer No... 403

P. O. Address *Chillicothe, 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.