No. 300
10.48

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19381

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4527 Registrar's No. 8

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

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRONOUGH
c. LENGTH OF STAY (in this place): 20 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: VERNON
c. CITY OR TOWN: BRONOUGH
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1080

3. NAME OF DECEASED (Type or Print)
a. (First): OTTO
b. (Middle): RINZY
c. (Last): BRIGHT

4. DATE OF DEATH (Month) (Day) (Year): May 10-1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 9, 1877
9. AGE (In years last birthday): 79 ~~85~~ ~~89~~ — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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
11. BIRTHPLACE (City and State or Foreign Country): SALINE CO MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN BRIGHT
13b. MOTHER'S MAIDEN NAME: LAVINA KINIKIN
14. NAME OF HUSBAND OR WIFE: DAISY 'BANKER' BRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): MO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Daisy Bright — ADDRESS: Bronough Mo

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, asthenia, 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)	Acute Circulatory Failure	2½ hrs.
ANTECEDENT CAUSES — DUE TO (b)	Coronary Thrombosis & Myocardial infarction	2 hrs.
DUE TO (c)	Arteriosclerosis	6 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Parkinson's Disease	10 yrs.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 13, 1950, *to* May 10, 1956, *that I last saw the deceased alive on* May 10, 1956 *and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. H. Knelland, D.O.
23b. ADDRESS: Liberal, Mo.
23c. DATE SIGNED: 5-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 13-56
24c. NAME OF CEMETERY OR CREMATORY: Worsley
24d. LOCATION (City, town, or county) (State): Bronough Mo

DATE REC'D BY LOCAL REG.: May 28-56
REGISTRAR'S SIGNATURE: Mrs. Ruth Faith
25. FUNERAL DIRECTOR'S SIGNATURE: S. Bernard Berry — ADDRESS: Sheldon Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. Bernard Bunz.....

Licensed Embalmer No. 41.

P. O. Address Sheldon.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.