

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004089

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 323

Primary Registration District No. 4474

Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sweet Springs ⁰⁹⁷⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 West Main		Length of stay in 1b 38 years	d. STREET ADDRESS (If outside, give location) 311 West Main
3. NAME OF DECEASED (Type or print) First ROBERT Middle LYMAN Last BRIGHT			4. DATE OF DEATH Month Feb. Day 2, Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1881
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or county) Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME George Riley Bright	
13b. MOTHER'S MAIDEN NAME Sarah Allen Gwinn Bright		14. NAME OF HUSBAND OR WIFE none	
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. None	17. INFORMANT Address Dexter Bobbitt, Sweet Springs, 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) Suicide. shot self with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) a 22 revolver. Dependence Ins. DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Wound injury, self inflicted		
20c. TIME OF INJURY Hour 12:20 a.m. 2-2-59 p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In his home	20f. CITY, TOWN, OR LOCATION Sweet Springs	COUNTY Saline	STATE Mo
21. I attended the deceased from death occurred at 12:20 pm 2-2-59 to 2-2-59 and last saw him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. L. Louder (Degree or title) MD, Crown Saline Co		22b. ADDRESS Marshall Mo	22c. DATE SIGNED 2-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY South Fork Cemetery	23d. LOCATION (City, town, or county) (State) Pettis County, Mo.
24. FUNERAL DIRECTOR ADDRESS L. F. Parker, Sweet Springs, Mo		25. DATE RECD. BY LOCAL REG. Feb. 3, 1959	26. REGISTRAR'S SIGNATURE Mary Masley

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 3840
P. O. Address Sweet Springs, ..

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.