

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUN 17 1960

3047 =60-023073
 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 31 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. C. Convalescent H.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2300 Drury			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Arch Middle Bright Last _____				4. DATE OF DEATH Month June Day 6 Year 1960					
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/20/74	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Information Desk - Chevrolet Plant			10b. KIND OF BUSINESS OR INDUSTRY Lawrence Co., Ind.		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME Samuel Bright			13b. MOTHER'S MAIDEN NAME Maria Hamer			14. NAME OF HUSBAND OR WIFE Amanda Bright			
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. 487-09-3727		17. INFORMANT Ruth B. Oster		Address 9608 E. 65th St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (b) Cerebral Arteriosclerosis									
DUE TO (c) Generalized Arteriosclerosis									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial Asthma							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 2/6/60 to 6/6/60 and last saw ^{her} him alive on 6/5/60 Death occurred at 149th Ave on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) H. A. Underwood, M.D.				22b. ADDRESS 5100 E 24th K.C. Mo		22c. DATE SIGNED 6/6/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6/8/1960	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery			23d. LOCATION (City, town, or county) Richmond, Missouri		(State)	
24. FUNERAL DIRECTOR H. A. Underwood			ADDRESS Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 6-7-60	26. REGISTRAR'S SIGNATURE Neva Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **H. A. Underwood**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Egan

Licensed Embalmer No. 4720

P. O. Address H. C. M.

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