S. No. 300
v. 10.48

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16796

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY ~~Benton~~ Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~EDWARDS~~ Sedalia
c. LENGTH OF STAY (in this place) ~~15 years~~ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EDWARDS
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) HOLMAN
c. (Last) BRIDGES

4. DATE OF DEATH (Month) (Day) (Year) MAY 27, 1949

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY 15, 1872
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months 0, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchandise
10b. KIND OF BUSINESS OR INDUSTRY Gen Store
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph H. Bridges
13b. MOTHER'S MAIDEN NAME Sarah Bowman
14. NAME OF HUSBAND OR WIFE Lily Maud Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Lily Maud Bridges — ADDRESS Edwards, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 21 May, 1949, *to* 26 May, 1949, *that I last saw the deceased alive on* 26 May, 1949, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE David H. Glenn (Degree or title) MD
23b. ADDRESS Warsaw Mo.
23c. DATE SIGNED 27 May 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 29 1949
24c. NAME OF CEMETERY OR CREMATORY Bethel Camp Ground
24d. LOCATION (City, town, or county) Benton County (State) Mo

DATE REC'D BY LOCAL REG. 5-27-49
REGISTRAR'S SIGNATURE Betty Yeager Deputy
25. FUNERAL DIRECTOR'S SIGNATURE John F. Fiser
ADDRESS Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 31 REC'D

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-2-49

JUN 2 1949

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 John F Beser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.