

FILED NOV 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36067

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL PINEY TOWN		c. CITY (If outside corporate limits, write RURAL and give township) RURAL	
c. LENGTH OF STAY (in this place) 1949		107 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION I		d. STREET ADDRESS (If rural, give location) 1M1 N. HOUSTON D	

3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) LEE c. (Last) BRIDGES			4. DATE OF DEATH (Month) (Day) (Year) OCT 13 1949		
5. SEX FE		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB 12 1882		9. AGE (In years last birthday) 67		10. UNDER 1 YEAR Months 8 Days 1	
11. BIRTHPLACE (State or foreign country) TEXAS CO. MO		12. CITIZEN OF WHAT COUNTRY? USA		13. HOUSEWIFE	

13a. FATHER'S NAME FRANK BRANNON		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE OLLIE BRIDGES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS OLLIE BRIDGES HOUSTON, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Vascular Accident				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. : DUE TO (b) Hypertension (Severe) DUE TO (c) Cardiovascular Renal Disease					
		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 <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Aug 2, 1949, to Oct 11, 1949, that I last saw the deceased alive on Oct 11, 1949 and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Burns, M.D.		(Degree or title)		23b. ADDRESS Houston, Mo.		23c. DATE SIGNED Oct 17, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-15-49		24c. NAME OF CEMETERY OR CREMATORY ELLIS PRAIRIE		24d. LOCATION (City, town, or county) (State) TEXAS, CO. MO	

DATE REC'D BY LOCAL REG. Oct. 25-49		REGISTRAR'S SIGNATURE Myrtie Craig 327		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gaylord V. Elliott Houston, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

107 00

Received
I have
10-26
10:30

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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 this body is not embalmed, fact should be so stated above.