

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **924**

FILED JAN 31 1950

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3623		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) Clinton				c. CITY (If outside corporate limits, write RURAL and give township) Osceola			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital				e. LENGTH OF STAY (in this place) 5 days			
3. NAME OF DECEASED a. (First) James b. (Middle) - c. (Last) Bridges				4. DATE OF DEATH (Month) (Day) (Year) 1/21/1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12/24/1862	
9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) Hartville Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME W.V. Bridges				13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE ----							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME George Bridges Osceola 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic gangrene left foot ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxic Condition leading DUE TO (c) To Hypostatic Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mos. 3 da. 4501	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Jan 10, 1950 , to Jan 20, 1950 , that I last saw the deceased alive on Jan 20, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. S. Halligan M.D.				23b. ADDRESS Clinton Missouri		23c. DATE SIGNED 1/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/26/1950		24c. NAME OF CEMETERY OR CREMATORY Yester		24d. LOCATION (City, town, or county) (State) Osceola Missouri	
DATE REC'D BY LOCAL REG. Jan 26-50		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Enderick		ADDRESS Osceola Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7.
District File Number 12-49-200
Date Filed 1-30-50

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

J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address *Quincy 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.