

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

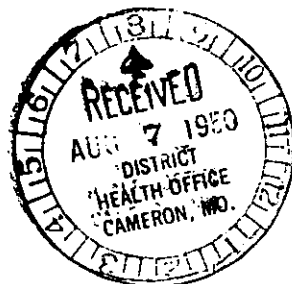
FILED AUG 14 1950

State File No. **24072**
Registrar's No. **250**

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clay Township</u> <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Astell Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1 mile E. Newtown</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u>		b. (Middle) <u>Isaac</u>		c. (Last) <u>Bridges</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1950</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>D</u>	8. DATE OF BIRTH <u>Jan - 19 - 1949</u>	9. AGE (In years last birthday) <u>1</u>	if UNDER 1 YEAR: Months <u>5</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sullivan County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Unknown.</u>		13b. MOTHER'S MAIDEN NAME <u>Bonnie Love Bridges</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Leater Bridges</u> ADDRESS <u>Newtown Mo</u>	
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) <u>Encephalitis</u> ANTECEDENT CAUSES <u>Pertussis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u> <u>3 weeks</u> <u>1560</u>
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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 16, 1950</u> , to <u>July 18, 1950</u> , that I last saw the deceased alive on <u>July 18, 1950</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>G. A. Dale</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Newtown, Mo.</u>		23c. DATE SIGNED <u>7/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21 - 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newtown Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Newtown Mo</u>					
DATE REC'D BY LOCAL REG. <u>7-29-50</u>		REGISTRAR'S SIGNATURE <u>M. J. Ruth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Dwyer</u> ADDRESS <u>Newtown, Mo</u>	

(Licensed Embalmers' Statements on Reverse Side)

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



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.....

T. Howard Judd

Licensed Embalmer No.

9240

P. O. Address.....

New Town

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.