S. No. 300
v. 10.48

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FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33371

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains Rural
d. STREET ADDRESS (If rural, give location): 0460

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Parsons
c. (Last): Bridges

4. DATE OF DEATH (Month) (Day) (Year): 10-13-50

5. SEX: Fem.
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wd.
8. DATE OF BIRTH: May 3, 1874
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 5, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ozark Co. Mo.
12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME: Parsons
13b. MOTHER'S MAIDEN NAME: Minnie Baker
14. NAME OF HUSBAND OR WIFE: F. M. Bridges

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: Mrs Oda Harden
ADDRESS: West Plains 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:

ANTECEDENT CAUSES
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.
331A

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* Oct. 10, 1950, *to* Oct. 13, 1950, *that I last saw the deceased alive on* Oct. 11, 1950, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Richard A. Smith, M.D.
23b. ADDRESS: West Plains, Mo.
23c. DATE SIGNED: 10-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 10-14-50
24c. NAME OF CEMETERY OR CREMATORY: Elijah Cem.
24d. LOCATION (City, town, or county) (State): Elijah, Mo.

DATE REC'D BY LOCAL REG.: 10-27-50
REGISTRAR'S SIGNATURE: Beatrice Cook
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25. FUNERAL DIRECTOR'S SIGNATURE: Robertson
ADDRESS: West Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 30 1950

Dist. File 1050-2189

Date Filed 10-30-50

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.

Signed L. I. Drago

Signed .....
Student Embalmer

Licensed Embalmer No. 4547

P. O. Address .....

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.