

1950

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 500

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <del>Abbeville</del> <b>PIERCE CITY</b>	
c. LENGTH OF STAY (in this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b>North Myrtle 1550</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Joplin General Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Oliver</b> c. (Last) <b>Bridges</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 1 - 50</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>5/11/83</b>	9. AGE (In years last birthday) <b>67</b> OF UNDER 1 YEAR Months Days OF UNDER 6 WEEKS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>		11. BIRTHPLACE (State or foreign country) <b>Panville Ill</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>James Bridges</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kolen</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Bridges</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>116 NR</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. J. O. Bridges Pierce City, Mo.</b>	
				ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Pectoris</b>		INTERVAL BETWEEN ONSET OF DEATH <b>Unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Oct 29, 1950, to Nov. 1, 1950, that I last saw the deceased alive on Nov. 1, 1950, and that death occurred at 3:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles A. Moore D.O.</b>		(Degree or title)		23b. ADDRESS <b>Pierce City, Mo.</b>	
23c. DATE SIGNED					

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/4/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>State City Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>State, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>11-9-50</b>		REGISTRAR'S SIGNATURE <b>James B. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. Wessell</b>	
				ADDRESS <b>Pierce City, Mo.</b>	

RECEIVED 11-14-50

Jasper County Health Office

County File Number 50-11-816

Date Filed 11-14-50

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

working under my personal supervision.

Signed *R. Gordon Bennett* Student Embalmer No. ....

Signed ..... Student Embalmer

Licensed Embalmer No. 4213

P. O. Address *Morett More*

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.