

FILED APR 3 1951 STANDARD CERTIFICATE OF DEATH

State File No. 11196

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 74

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall	c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. STREET ADDRESS (If rural, give location) Blosser Home for Aged Wemon 840 East Eastwood, Marshall, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) Elizabeth	c. (Last) Bridges	4. DATE OF DEATH (Month) (Day) (Year) March 30, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 12, 1857.	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 5 Days 18	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired clerk, Dry Goods store	10b. KIND OF BUSINESS OR INDUSTRY Dry Goods store	11. BIRTHPLACE (State or foreign country) Franklin Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Sewell Bridges	13b. MOTHER'S MAIDEN NAME Harriet Goode	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Records, Blosser Home for Aged Marshall, Missouri	ADDRESS -----
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		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. Hypertension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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).
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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?
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22. I hereby certify that I attended the deceased from **Jan**, 19**51**, to **March 29**, 19**51**, that I last saw the deceased alive on **March 29**, 19**51**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Typed or title) Arthur W. Gray M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 3/30/51
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE April 1, 1951	24c. NAME OF CEMETERY OR CREMATORY City cemetery	24d. LOCATION (City, town, or county) (State) Slater, Missouri
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DATE REC'D BY LOCAL REG. Mar. 31-1951	REGISTRAR'S SIGNATURE Bridget J. Gray	FUNERAL DIRECTOR'S SIGNATURE 385 Campbell & Lewis - Marshall, Mo.	ADDRESS -----
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RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-2-51 _____

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.

Student Embalmer No. _____

Signed _____

James N. Lewis

Signed _____
Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.