

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22549
Registrar's No. 67

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5350

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dallas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln (Rural)</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln</u> | |
| c. LENGTH OF STAY (in this place) <u>6 yrs</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>Lee</u> c. (Last) <u>Bridges</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-1951</u> |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u> | 8. DATE OF BIRTH <u>Nov-27-1912</u> |
| 9. AGE (In years last birthday) <u>38</u> | | 10. UNDER 1 YEAR Days <u>8</u> | 10. UNDER 1 YEAR Hours <u>4</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 11. BIRTHPLACE (State or foreign country) <u>Urban, MO</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Joseph S. Bridges</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>SARAH PITTS</u> | | 14. NAME OF HUSBAND OR WIFE <u>Pauline Edith Pauline Bridges</u> | |
| 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>MRS. Edith Pauline Bridges</u> | | 17. ADDRESS <u>Urban, 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>Stroke in one main lobe</u> ANTECEDENT CAUSES DUE TO (b) <u>Caught in the rollers</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 23b. ADDRESS <u>Buffalo Mo</u> | |
| 23c. DATE SIGNED <u>Aug-2-51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>8-3-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Polk Co MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Urban, MO</u> | |
| DATE REC'D BY LOCAL REG. <u>8/6/51</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

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

300
1

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

RECEIVED AUG 7 1951

Dist. File 851-1482
Date Filed 8-10-51

SEP 1 1951

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.....
Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana 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.