

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **27528**

FILED SEP 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **3037** Registrar's No. **101**

0550  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY OR TOWN <b>Mt. VERNON</b> (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. VERNON 0550</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Square of City</b>		d. STREET ADDRESS (If rural, give location) <b>Rural (North East) 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kenneth</b> b. (Middle) <b>KARL</b> c. (Last) <b>Bridges</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 5, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>Aug. 30, 1937</b>
9. AGE (In years last birthday) <b>13</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>16</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>Mt. VERNON, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Bridges</b>	
13b. MOTHER'S MAIDEN NAME <b>Cleo Moore</b>		14. NAME OF HUSBAND OR WIFE <b>NOT MARRIED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John Bridges</b>		ADDRESS <b>Mt. VERNON</b>	
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) <b>Broken Neck</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Punctured Lung R side</b> DUE TO (c) <b>two car collision</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Passenger in car</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>about 25 min</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hy-166-</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lawrence MO</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 5-1951-5:25 p.m.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Car wreck</b>	
22. I hereby certify that I attended the deceased from <b>after death</b> , to _____, 19____, that I last saw the deceased alive on <b>Aug 5</b> , 19 <b>51</b> , and that death occurred at <b>5:50 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Herman Scridge</b>		23b. ADDRESS <b>Marionville Mo</b>	
23c. DATE SIGNED <b>8/8/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Aug. 8, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Summit Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near Mt. VERNON, MO.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 28, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl Handricks</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Max L. Fossett</b>		ADDRESS <b>Mt. VERNON, MO.</b>	

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

RECEIVED AUG 29 1951  
Dist. File 851-1578  
Date Filed 8-29-51

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**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 Wm. J. Forsett

Licensed Embalmer No. 4252

P. O. Address Wilmington, 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.