

V. S. No. 300
Rev. 10. 48

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38355

State File No.

0872
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Phelps Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Manes</u> 1140	
		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Toliver</u> c. (Last) <u>Bridges</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 6, 1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 28 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Physician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Medical Profession</u>	11. BIRTHPLACE (State or foreign country) <u>Turley, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William C. Bridges</u>	13b. MOTHER'S MAIDEN NAME <u>Thursa Ann Cardwell</u>	14. NAME OF HUSBAND OR WIFE <u>Helen J. Burney Bridges</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. L. Bridges, 17 Great Oaks, Rolla, Mo.</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Atherosclerosis</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrothorax</u> DUE TO (c) <u>Carcinoma of head of pancreas</u>		<u>1 day</u> <u>? 1 yr.</u>
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 checked="" type="checkbox"/> NO <input 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) <u>157X</u>
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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 Aug. 11, 1951, to Nov. 10, 1951, that I last saw the deceased alive on Nov. 10, 1951, and that death occurred at 9:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Barbara E. Russell, M.D.</u>	23b. ADDRESS <u>Ramsay Bldg. Rolla, Mo.</u>	23c. DATE SIGNED <u>Nov. 12, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Plato, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 12, 1951</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stall</u>	380	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Bridges</u>	ADDRESS <u>Rolla, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-19-51
Phelps County Health Officer,

County File Number _____
11-19-51

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.....
Student Embalmer

Signed *R. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Rolla, 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.