

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

35445

State File No. \_\_\_\_\_

Registrar's No. 203

FILED NOV 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNRURAL, ROUTE 1 SARCOXIE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place) <b>1 WEEK</b>		d. STREET ADDRESS (If rural, give location) <b>1806 OHIO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RT. 1, SARCOXIE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLEY</b> b. (Middle) c. (Last) <b>BRIDGETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 22, 1952</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	8. DATE OF BIRTH <b>MAY 14, 1864</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 1000 Hrs.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER-RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TRANSPORTS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>SHENANDOAH VALLEY, VA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>JIM BRIDGETT</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
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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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME <b>C. B. BRIDGETT, RT 1, SARCOXIE, MO.</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Nephritis</b>				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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>				20. AUTOPSY? YES <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from June 1, 1952 to Oct. 18, 1952, that I last saw the deceased alive on Oct. 18, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. C. Coats M.D.</b>		23b. ADDRESS <b>Joplin Mo 10-2452</b>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-24-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>10-27-52</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1490  
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RECEIVED 11-5-52  
Jasper County Health Office

County File Number 52/11/844

Date Filed 11-5-52

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 *F. M. Jones*

Licensed Embalmer No. *3319*

P. O. Address *Joplin 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.