

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41777

FILED JAN 7 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>5236</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u>		Boys' <u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. # 3</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. # 3</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Bridger</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 20, 1885</u>	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>67</u>		11. DAYS <u>67</u>		12. HOURS <u>67</u>	
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>Self-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>	
12. CITIZEN OF WHAT COUNTRY? _____							
13a. FATHER'S NAME <u>John Bridger</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jordan</u>			14. NAME OF HUSBAND OR WIFE <u>Maggie Bridger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>William Carozon, Eldorado Springs, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 mo</u>				
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____				
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			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 <u>3 July 1952</u> to <u>19 Dec 1952</u> that I last saw the deceased alive on <u>14 Dec 1952</u> , and that death occurred at <u>15:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John Will</u> (Degree or title) <u>no</u>			23b. ADDRESS <u>Eldorado Springs, Mo.</u>			23c. DATE SIGNED <u>19 Dec 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>12-21-52</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville</u>	
24d. LOCATION (City, town, or county) <u>Eldorado Springs, Mo.</u>			24e. (State) _____				
DATE REC'D BY LOCAL REG. <u>Dec. 20, 1952</u>			REGISTRAR'S SIGNATURE <u>W. H. H. H.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>William Carozon</u> ADDRESS <u>Eldorado Springs, Mo.</u>	

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

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 Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address 4 Duane Street

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.