

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4494 State File No. **4492**

FILED JAN 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>4498</u>		Registrar's No. <u>201</u>	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winona</u>				c. LENGTH OF STAY (in this place) <u>40 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own home</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winona</u> <u>1010</u>			
				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ledora</u>			b. (Middle) <u>Bridgforth</u>			c. (Last) <u>Kent</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 53</u>							
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>6-23-17</u>	9. AGE (in years last birthday) <u>85</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>	11. IF UNDER 24 Hrs. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kent, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Wessell</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moore</u>		14. NAME OF HUSBAND OR WIFE <u>R. L. Bridgforth</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Rice</u> ADDRESS <u>Winona, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Stomach</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) <u>154X</u>					
		DUE TO (c) <u>Chronic Glomerular Nephritis</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 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)		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>June 1, 1952</u> to <u>Dec. 27, 1952</u> , that I last saw the deceased alive on <u>Dec. 27, 1952</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>V. J. Kalline MD</u> (Degree or title)				23b. ADDRESS <u>Winona, Mo</u>		23c. DATE SIGNED <u>1/2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-5-53</u>		REGISTRAR'S SIGNATURE <u>Walter R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Pettitt</u> ADDRESS <u>Winona, Mo</u>			

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

(Advanced Embalmers' Statement on Reverse Side)

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.

Signed Seaton Pewitt

Student
Student Embalmer

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.