

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13838

State File No.

FILED APR 20 1953

380

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>817 Mt. Vernon Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>GLENDORA</u> c. (Last) <u>BRIDGEWATER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1953</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>17 June 1890</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR # UNDER 10 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Groceryman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Grand Pass, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jonathan Bridgewater</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Williamson</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Bridgewater</u>
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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) <u>no</u> <u>none</u>	16. SOCIAL SECURITY NO. <u>431-26-2512</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Bridgewater</u> ADDRESS <u>817 Mt. Vernon, Springfield, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary occlusion - myocardial infarction</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>atherosclerosis</u>	
DUE TO (a) _____		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	

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)
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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 4-9, 1953, to 4-11, 1953, that I last saw the deceased alive on 4-10, 1953, and that death occurred at 12:30A m., from the causes and on the date stated above.

22a. SIGNATURE <u>Wesley D. Johnson, MD</u> (Degree or title)	22b. ADDRESS <u>Springfield, Mo.</u>	22c. DATE SIGNED <u>4-11-53</u>
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23a. BURIAL / CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>14 Apr. 1953</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>4-14-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Thieme</u> ADDRESS <u>Springfield, Missouri</u>
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 Dr. W. Johnson
 Please Sign
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 1958

NS JUL 17 1958

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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 Ralph H. Levine

Licensed Embalmer No. 3687

P. O. Address Springfield, Mass.

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.