

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u> <u>0043</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u> <u>0643</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u> <u>J</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>321 N. WASHINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>321 N. WASHINGTON</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMMA</u>	b. (Middle) <u>NICHOLS</u>	c. (Last) <u>BRIDGEFORD</u>	4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>7</u> (Year) <u>1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 18, 1867</u>	9. AGE (In years, last birthday) <u>86</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James A. Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Snell</u>	14. NAME OF HUSBAND OR WIFE <u>DR. E. N. Bridgeford</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wilber Bridgeford Mexico, mo.</u> ADDRESS

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, asphyxia, 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>Coronary thrombosis</u>		<u>2 Days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>		<u>10 yrs</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 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) (Min.)	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 June 5, 1953, to June 6, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Kallenbach</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>June 9, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Mexico Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John a. Bollen</u> ADDRESS <u>Mexico Mo.</u>	
DATE REC'D BY LOCAL REG <u>June 9-1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Kelly</u>

(Licensed Embalmers' Statement on Reverse Side)

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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Medical Bldg.

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.