

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18809**

FILED MAY 26 1953

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5839 Registrar's No. 21

730
3

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stark City</u>	
c. LENGTH OF STAY (in this place) <u>7 HRS.</u>		d. STREET ADDRESS (If rural, give location). <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute in Ambulance</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>W.</u>	c. (Last) <u>BRIDGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>5-21-1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>Retired Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Newton Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Bridal</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Weems</u>	14. NAME OF HUSBAND OR WIFE _____
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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>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Family Record</u>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>
	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) <u>arteriosclerosis</u> 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 <u>4-16-53</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>334x</u>
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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? _____
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22. I hereby certify that I attended the deceased from 4-16, 1953, to 4-16, 1953, that I last saw the deceased alive on 4-16, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Melvin Mc. McLaughlin</u> (Degree or title)	23b. ADDRESS <u>Law Bk. Bldg. Neosho Mo</u>	23c. DATE SIGNED <u>4-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Stella Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 9, 1953</u>	REGISTRAR'S SIGNATURE <u>M. S. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Creever-Sherman-Grady</u>	ADDRESS _____
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RECEIVED

NEWTON COUNTY HEALTH UNIT

Case No. 553-176-103
Date Recd. 5/13/53

NEOSHO, MISSOURI

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. 4923

working under my personal supervision.

Student
Student Embalmer

Signed Floyd E. Shumaker

Licensed Embalmer No. 4923

P. O. Address Box 58, Granby, 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.