

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

STANDARD CERTIFICATE OF DEATH

State File No. **38825**

FILED NOV 18 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5464** Registrar's No. **1001-B**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Willard (Murray Twp)		c. CITY (If outside corporate limits, write RURAL and give township) Brighton (East Looney Twp)	
c. LENGTH OF STAY (If this place) 2 wks		d. STREET ADDRESS (If rural, give location) Dear Brighton 08401	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile North of Willard			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Franklin c. (Last) Bridges			4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 18 1905		9. AGE (In years last birthday) 48		10. MONTHS 0 DAYS 16 HOURS 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Polk Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Bridges		13b. MOTHER'S MAIDEN NAME Rebecca Perce	
14. NAME OF HUSBAND OR WIFE Mary Golder Bridges		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Elsie May M. Caskey		18. ADDRESS Willard Mo.			

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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary during ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary growth DUE TO (c) Mediatum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND 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) 164 X	
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 **Nov 1, 1953**, to **Nov 3, 1953**, that I last saw the deceased alive on **Nov 2, 1953**, and that death occurred at **3:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE W. DeBell m.d. (Degree or title)		23b. ADDRESS Springfield Mo		23c. DATE SIGNED Nov 4/53	
--	--	------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 5 / 53		24c. NAME OF CEMETERY OR CREMATORY Brighton Cemetery	
24d. LOCATION (City, town, or county) (State) Brighton Mo		24e. DATE REC'D BY LOCAL REG. 11-10-53		24f. REGISTRAR'S SIGNATURE Earth Williamson	

25. FUNERAL DIRECTOR'S SIGNATURE Erwin T Blue		ADDRESS Bolivar Mo	
--	--	---------------------------	--

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 Harold B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.