

19246

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 36571-54 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 hr. 30 min.</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>			e. STREET ADDRESS (If rural, give location) <u>6623 East 13th St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Bridgewater</u> c. (Last) <u>Bridgewater</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June-7-1954</u>		
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>June 7-1954</u>	9. AGE (In years last birthday) <u>—</u> Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>30</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Indep., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>C. P. Bridgewater</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia L. Wall</u>		14. NAME OF HUSBAND OR WIFE	
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>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clifford S. Bridgewater</u> ADDRESS <u>6623 E. 13th St. Kansas City, Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelactasis</u> (2 1/2) <u>hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Prematurity of birth 5 1/2 mo</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <u>2 1/2 hours</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7625</u>				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)	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>6/7</u> , 19 <u>54</u> , to <u>6/7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6/7</u> , 19 <u>54</u> , and that death occurred at <u>8</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Clifford S. Bridgewater</u>		23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>6-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 9-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. Washington Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-9-54</u>		REGISTRAR'S SIGNATURE <u>Clifford S. Bridgewater</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman &amp; Son Inc.</u> ADDRESS <u>K. C. Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed..... *Bert B. Bennett*

Licensed Embalmer No. *4657*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.