

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26953

State File No.

9

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> c. LENGTH OF STAY (If in this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Post Oak</u> <u>0510</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Pevton</u> c. (Last) <u>Bridges</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5, 1954</u>				
5. SEX <u>M</u> <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 26, 1873</u>	
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
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</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Robert Bridges</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Burk</u>			14. NAME OF HUSBAND OR WIFE <u>Eva Irvin Bridges</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Bridges, Centerview, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u> 4 yrs DUE TO (b) <u></u> DUE TO (c) <u></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 checked="" 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) m.		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>10-10</u> , 19 <u>52</u> , to <u>8-5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-5</u> , 19 <u>54</u> , and that death occurred at <u>1:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Claude M. Thurber M.D.</u>				23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>8/9/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/7/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centerview</u>		24d. LOCATION (City, town, or county) (State) <u>Centerview, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 10-54</u>		REGISTRAR'S SIGNATURE <u>Flora Adair</u> <u>422</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cook Funeral Home, Chilhowee, Mo.</u>			

(Licensed Embalmer's 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.....

Licensed Embalmer No.

P. O. Address.....

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.