

No. 300
10-48
40

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7983**

BIRTH NO.		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 4225		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon, Mo.		c. LENGTH OF STAY (In this place) 10 years		c. CITY OR TOWN Oregon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 044g			
3. NAME OF DECEASED (Type or Print) Richard		a. (First) Beldon		c. (Last) Bridgeman Jr.		4. DATE OF DEATH (Month) (Day) (Year) March 18, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 16, 1900	
9. AGE (In years last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor		11. BIRTHPLACE (City and State or Foreign Country) Maitland Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Richard B. Bridgeman		13b. MOTHER'S MAIDEN NAME Mattie Groves		14. NAME OF HUSBAND OR WIFE Wilda Bridgeman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.B. Bridgeman			
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) Carcinoma of Liver, 4 Years			
				INTERVAL BETWEEN ONSET AND DEATH 5-9 years			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis Pulmonary			
				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		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) 002 X11			
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 May , 1957, to November 18 , 1952, that I last saw the deceased alive on Mar 17 , 1955, and that death occurred at 6 A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. F. Kearney M.D.				23b. ADDRESS Oregon Mo		23c. DATE SIGNED 3-19-1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE March 20, 1955		24c. NAME OF CEMETERY OR CREMATORY Oregon		24d. LOCATION (City, town, or county) (State) Oregon, Missouri	
DATE REC'D BY LOCAL REG. 3-23-1955		REGISTRAR'S SIGNATURE James H. Pettigrew		469 25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew		ADDRESS Oregon Mo.	

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

OCT 6 1955

APR 14 1955

MAR 23 1961

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..... *James H. Pettijohn*
Licensed Embalmer No. 3192
P. O. Address..... *Oregon*

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.