

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39630

State File No.

FILED JAN 10 1956

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution's residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township). <u>Rural - John town</u>	c. LENGTH OF STAY (in this place). <u>life</u>	c. CITY OR TOWN <u>R-Advance</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>John Town</u>		STREET ADDRESS (If rural, give location) <u>Route Advance, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRANDISON</u> b. (Middle) <u>MONROE</u> c. (Last) <u>BRIDGES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-55</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-1-1869</u>	9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u> IF UNDER 24 HRS. Hours <u>-</u> Mins. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ret Farmer</u>	11. BIRTHPLACE (City and State; Foreign Country) <u>Bollinger County</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Bridges</u>	13b. MOTHER'S M maiden NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Revelle</u>
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Bridges Cape Girardeau</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		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 15 July, 1955, to 24 Dec, 1955, that I last saw the deceased alive on 24 Dec, 1955, and that death occurred at 6:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. H. Mervil D.D.</u>	(Degree or title)	23b. ADDRESS <u>Advance Missouri</u>	23c. DATE SIGNED <u>30 Dec 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunwoody</u>	24d. LOCATION (City, town, or county) (State) <u>Route Advance, Mo</u>

DATE REC'D BY LOCAL REG. <u>1-4-56</u>	REGISTRAR'S SIGNATURE <u>Ms. Buford Crider</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W-H Meyer Advance, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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.....

Wm H May

Licensed Embalmer No..... 46

P. O. Address... *Adrian*

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.