

STANDARD CERTIFICATE OF DEATH

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 8

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
 c. LENGTH OF STAY (in this place) 40 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION West 66, Route 4, Box 68

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
 a. STATE Missouri b. COUNTY Greene
 c. CITY OR TOWN Springfield
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) West 66, Route 4, Box 68

3. NAME OF DECEASED
 a. (First) JOHN b. (Middle) COE c. (Last) BRIDGES
 (Type or Print)

4. DATE OF DEATH January 2 1956
 (Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 8, 1873 9. AGE (In years last birthday) 82
 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Buyer & Seller 10b. KIND OF BUSINESS OR INDUSTRY Commission, COUNTRY HORSES & MULES 11. BIRTHPLACE (City and State or Foreign Country) Martinsburg, Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Bessie Lee Smith, Los Angeles, Calif. ADDRESS _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
 ANTECEDENT CAUSES Cardio-Renal-vascular Disease
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____ DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS 442x
 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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-11, 1956, to 1-2, 1956, that I last saw the deceased alive on 12-12, 1955, and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Deputy or Attendant) 23b. ADDRESS [Address] 23c. DATE SIGNED 1-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 5, 1956 24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery 24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 1-5-56 REGISTRAR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S SIGNATURE Jewell E. Windle, Springfield ADDRESS [Address]

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 *Bernard F. Wright*

Licensed Embalmer No. *43*

P. O. Address *Spring*

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.