

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41099

STATE FILE NUMBER

FILED DEC 18 1956

Registration District No. 120 Primary Registration District No. 5450 Registrar's No. 16

Health, Welfare, Public Service

300-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural		c. CITY OR TOWN rural	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Township		d. STREET ADDRESS Miller Township	
Length of stay in lb 30 yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Charles Davis Bridges			4. DATE OF DEATH Month Day Year Dec. 8 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 25 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Month Days Hours Min. 10 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) W orth County, Mo.	
13. FATHER'S NAME Gideon Bridges			14. MOTHER'S MAIDEN NAME Josephine Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Frank Dannar Mc Fall, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CHRONIC MYOCARDITIS			10 YRS
	DUE TO (c) RHEUMATOID ARTHRITIS			19 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 422-2			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from 1954 to 12-8-56 and last saw him alive on 12-7-56 Death occurred at 8:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. L. Green, D.O.		22b. ADDRESS New Hampton Mo	22c. DATE SIGNED 12-8-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-9-56	23c. NAME OF CEMETERY OR CREMATORY Miller Cemetery	23d. LOCATION (City, town, or county) (State) Gentry, Co. MO.
24. FUNERAL DIRECTOR ADDRESS Brooks Funeral Home Albany, Mo.		25. DATE RECD. BY LOCAL REG. Dec 9-56	26. REGISTRAR'S SIGNATURE Maude Williams

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifford Brooks.....
Licensed Embalmer No. 3329

P. O. Address Albany, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.