THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33117

STATE FILE NUMBER

FILED SEP 18 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 287

0944

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. — Length of stay in 1b 3 wk.

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Flat River 0942 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Minnie Middle E. Last ASBridge

4. DATE OF DEATH Month Day Year SEPT 3, 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH June 6, 1887

9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months 2 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) East Bonne Terre, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Hubbard

14. MOTHER'S MAIDEN NAME Mary Dix

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. None

17. INFORMANT Mrs Oscar Crader Address Flat River, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma oesophagus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 150X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 12-57 to Sept 3-57 and last saw her/him alive on Sept 3-57
Death occurred at 3:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. H. Applebury Mo.

22b. ADDRESS Riverview Mo

22c. DATE SIGNED 9-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE SEPT. 5, 1957

23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

23d. LOCATION (City, town, or county) (State) Leadington, Mo.

24. FUNERAL DIRECTOR Raymond Caldwell and Sons ADDRESS Flat River

25. DATE RECD. BY LOCAL REG. Sept. 5, 1957

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2

P. O. Address Flat Riv

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.