

STANDARD CERTIFICATE OF DEATH

45193
STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 245

Primary Registration District No. 5834

Registrar's No. 155

S. 300
v. 1-56

Securing the medical certification in this specific manner required by 193.140 MoRS 1947.
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY NEWTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY NEWTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN GRAMBOY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 MILE EAST DIAMOND		Length of stay in lb 20 YEARS	d. STREET ADDRESS 5 MILE EAST DIAMOND		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) BEULAH BRIDGES			4. DATE OF DEATH Month NOV Day 30 Year 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-21-1894		9. AGE (In years last birthday) 63
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) NEWTON COUNTY MO	
13. FATHER'S NAME A. HIGGINS			14. MOTHER'S MAIDEN NAME ANNA GRIFFIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address WALTER R. BRIDGES SR. GRAMBOY 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) Cancer of Ovary DUE TO (b) with abdominal metastasis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 175X					INTERVAL BETWEEN ONSET AND DEATH 5 mo
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 _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 19 1957 to Nov 30 1957 and last saw her alive on Nov 27 1957 Death occurred at 12:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George H. Wood M.D.			22b. ADDRESS Carthage Mo		22c. DATE SIGNED 12-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-2-1957	23c. NAME OF CEMETERY OR CREMATORY DIAMOND CEMETERY		23d. LOCATION (City, town, or county) (State) DIAMOND MO
24. FUNERAL DIRECTOR WILKS BROS		ADDRESS PIERCE CITY MO		25. DATE RECD. BY LOCAL REG. 12-7-57	26. REGISTRAR'S SIGNATURE Melvin C. Bowman

RECEIVED

District Health Officer No. *Newton*

District File Number *1257-287*

Date Filed *DEC 18 1957*

JAN 9 1958

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, *Edwin Wilks*, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Edwin Wilks*

Licensed Embalmer No. *4131*

P. O. Address *Pierce City*

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.