

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021814

STATE FILE NUMBER

2921

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2921

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 338 N. Quincy		Length of stay in 1b 12 yrs.		d. STREET ADDRESS 338 N. Quincy		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lee Middle Bridgewater Last Bridgewater				4. DATE OF DEATH Month June Day 10 Year 1958			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 21-1873	9. AGE (In years at birthday) 84		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier--Ret.		10b. KIND OF BUSINESS OR INDUSTRY Bank		11. BIRTHPLACE (City and state or country) Kingston, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Bridgewater			13b. MOTHER'S MAIDEN NAME Mary Ann Whiteneck		14. NAME OF HUSBAND OR WIFE Eliza Bridgewater		
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 338 N. Quincy Mrs. Vivian Bridgewater. Kansas City, 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) congestive heart failure						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis-							
DUE TO (c)						4500	
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 <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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>							
20d. INJURY OCCURRED WHILE AT <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 Kansas City, Jackson, Mo		COUNTY Jackson STATE Mo	
21. I attended the deceased from 5-1-58 to 6-10-58 and last saw him alive on 6-9-58 Death occurred at 11:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James C. Walker M. D. (Degree or title) 0				22b. ADDRESS 1200 Prof. Bldg. NE Mo		22c. DATE SIGNED 6-10-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE June-12-1958		23c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery		23d. LOCATION (City, town, or county) (State) Kingston Missouri	
24. FUNERAL DIRECTOR Cramer Clark ADDRESS Kingston, Mo.				25. DATE RECD. BY LOCAL REG. 6-10-58		26. REGISTRAR'S SIGNATURE Norm Minshall	

(Licensed Embalmer's Statement on Reverse Side)

James C. Walker USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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, of ~~City~~ ~~State~~ ~~Student Embalmer No.~~ working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Cramer Clark*

Licensed Embalmer No. 3257
P. O. Address Kingston, Mo.

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.