

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029035
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3903
FILED SEP 5 1958

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lee's Summit
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) 15509 E. 113
3. NAME OF DECEASED (Type or print) First Middle Last Loren A. Bridwell			4. DATE OF DEATH Month Day Year August 13, 1958
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 4-23-1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3
11a. FATHER'S NAME Paul J. Bridwell		11b. MOTHER'S MAIDEN NAME Margaret M. Carlson	11c. NAME OF HUSBAND OR WIFE
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 Paul J. Bridwell Lee's Summit, 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) post-operative cardiac surgery DUE TO (b) congenital heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7545			19. INTERVAL BETWEEN ONSET AND DEATH 20. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from 8-13-58 to 8-13-58 and last saw her alive on 8-13-58 Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. ADDRESS Plaza Pkway. Bldg.	
22b. SIGNATURE <i>Clarke L. Henry M.D.</i> (Degree or title)		22c. DATE SIGNED 8-14-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-16-58	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit	23d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home, Lee's Summit, Mo.		25. DATE RECD. BY LOCAL REG. 8-14-58	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>



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

W. B. Langford

Licensed Embalmer No.

3833

P. O. Address

Leis Summit

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.