

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046874

STATE FILE NUMBER

FILED JAN 9 1959 Registration District No. 325 Primary Registration District No. 4478 Registrar's No. 1

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

3. NAME OF DECEASED (Type or print) First Middle Last <b>Emma Rilla Bridgmon</b>			4. DATE OF DEATH Month Day Year <b>Dec 30 1958</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 12 1875</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Day <b>9 18</b>	IF UNDER 24 HRS. Hours Min. <b>18</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Holt County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles C Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Jackson</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>1</b>	17. INFORMANT <b>Belva Hathaway</b>	Address <b>Lancaster Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Central thrombosis</b>		<b>2 days</b>
	DUE TO (c) <b>Asterionclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332X</b>		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.)
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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,actory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>12-29-58</b> to <b>12-30-58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>12-30-58</b> Death occurred at <b>8:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. K. Stoker, D.O.</b>	(Degree or title)	22b. ADDRESS <b>Lancaster, Mo.</b>	22c. DATE SIGNED <b>1-1-59</b>

23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <b>Jan 2 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mound City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mound City, Mo</b>
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24. FUNERAL DIRECTOR <b>Normans</b>	ADDRESS <b>Lancaster Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 1-59</b>	26. REGISTRAR'S SIGNATURE <b>D. K. Stoker</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
-57

310

**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 *Donald Foster* .....  
Licensed Embalmer No. *1742* .....  
P. O. Address *Jenkintown* .....

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.