

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000441

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Portland <u>0146</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Memorial Length of stay in lb 8 Da.		d. STREET ADDRESS one (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Lauros Haddon Bridges First Middle Last			4. DATE OF DEATH Jan. 10, 1959 Month Day Year		
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5. SEX M.	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 Jan. 28, 1892	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR 11 Months 12 Days	IF UNDER 24 HRS. 12 Hours 12 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster	10b. KIND OF BUSINESS OR INDUSTRY Postal Service New Haven Mo.	11. BIRTHPLACE (City and state or country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Dr. Andrew David Bridges	14. MOTHER'S MAIDEN NAME Ida Louise Gase
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give number dates of service) Yes W.W. 1	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Myrtle Bridges Address Portland Mo.
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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) Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 12 hours 1 yr plus 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Artery Disease		
	DUE TO (c) Lobar Pneumonia (bil)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4501			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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	

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 Fulton Mo. COUNTY STATE
21. I attended the deceased from 1/4/59 to 1/10/59 and last saw him alive on 1/10/59 . Death occurred at 4:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Deedee or title) George F. Ward MD	22b. ADDRESS Fulton Mo.	22c. DATE SIGNED 1/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-12-59	23c. NAME OF CEMETERY OR CREMATORY Portland Cem.	23d. LOCATION (City, town, or county) (State) Portland Mo.
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24. FUNERAL DIRECTOR ADDRESS Maupin Funeral Home Fulton Mo.	25. DATE RECD. BY LOCAL REG. Jan. 16, 1959	26. REGISTRAR'S SIGNATURE Martha Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1770 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. J. Rosson*
Licensed Embalmer No. *28*

P. O. Address *Amherst*

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.