

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004542

STATE FILE NUMBER

219

FILED MAR 9 1959

Registration District No. - 042

Primary Registration District No. 1000

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eagleville <i>4100</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		Length of stay in lb 3 weeks	d. STREET ADDRESS (If outside, give location) rural		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Minnie Bridges			4. DATE OF DEATH Month Day Year Feb. 24, 1959		
5. SEX Female	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 March 3, 1869	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Harrison County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Morgan Nebille		13b. MOTHER'S MAIDEN NAME Elizabeth Opdyke		14. NAME OF HUSBAND OR WIFE Eulysses Grant Bridges	
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 Eddie Morgan Bridges, Wichita, Kansas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured Hip					3 weeks
DUE TO (c) Generalized Arteriosclerosis 9037					Week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Face; Senility					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Stepped on gown as she was getting up from chair. Fell and broke hip			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 2/24/59 p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at morning home	20f. CITY, TOWN, OR LOCATION St. Joseph		COUNTY STATE Buchanan Missouri
21. I attended the deceased from 2/7/59 to 2/24/59 and last saw her alive on 2/24/59 Death occurred at 8:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Martin H. Christ M.D.			22b. ADDRESS 6106 King Hill Ave		22c. DATE SIGNED Feb 27, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Eagleville Masonic Cem.		23d. LOCATION (City, town, or county) (State) Eagleville, Missouri	
24. FUNERAL DIRECTOR Meischner-Therman		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 4, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
Dr. Martin H. Christ

JAN 13 1960

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 *Albert E. Harrington*
Licensed Embalmer No. 3258
P. O. Address .. St. .. Joseph, .. 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.