

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008759
STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 50

300
1-57

1. PLACE OF DEATH a. COUNTY Clay		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 Liberty TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Independence 700.5
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 100F Hospital INSTITUTION		Length of stay in lb 1 month	d. STREET ADDRESS (If outside, give location) 611 E. Lexington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle Jacob Last Bridges			4. DATE OF DEATH Month 4 Day 10 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10, 1889		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired yardman		10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.		11. BIRTHPLACE (City and state or country) Independence, Mo.	

12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME C. J. Bridges, Sr.		13b. MOTHER'S MAIDEN NAME Jennie Bowen	
14. NAME OF HUSBAND OR WIFE Lillie Mae		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. 490-09-3198		17. INFORMANT Address Rolla Bridges Independence, 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) arteriosclerosis (aggravated by XRay) in it Carotid Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 8 Mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500		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 _____ a.m. _____ p.m. _____		

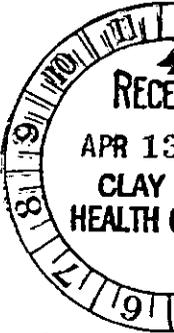
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Independence	COUNTY Missouri	STATE Missouri
21. I attended the deceased from March 1 to Apr 10 and last saw her alive on Apr 10-59 Death occurred at 7 A m on the date stated above; and to the best of my knowledge from the causes stated.				
22a. SIGNATURE Wm J. Goodson (Degree or title)		22b. ADDRESS Liberty Mo		22c. DATE SIGNED 4/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-13-59	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Missouri
24. FUNERAL DIRECTOR Carson Funeral Home		ADDRESS Missouri	25. DATE RECD. BY LOCAL REG. 4-10-59
26. REGISTRAR'S SIGNATURE Maeb Graham			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John Pealey*

Licensed Embalmer No. *4308*

P. O. Address *Liberty 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.