

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014440

STATE FILE NUMBER

FILED APR 22 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Tulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chelyard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Waynesville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Arlington</u> 1810 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Waynesville General</u> Length of stay in lb <u>3 days</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MILLIE</u> <u>BRIDGEMAN</u>		4. DATE OF DEATH Month Day Year <u>Apr</u> <u>7</u> <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 23 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		11. BIRTHPLACE (City and state or country) <u>Montecello Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Silas Dickman</u>		14. NAME OF HUSBAND OR WIFE <u>John Bridgeman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT Address <u>Unknown</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cobal Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5da</u>
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.) <u>none</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>none</u>			
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.) <u>none</u>	
21. I attended the deceased from <u>Apr 2 59</u> to <u>death</u> Death occurred at <u>8:25</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>4-8-59</u>	
22a. SIGNATURE (Degree or title) <u>R E Greuer M.D.</u>		22b. ADDRESS <u>Newburg Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-9-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doddall</u>	23d. LOCATION (City, town, or county) (State) <u>Near Arlington Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Lee Johnson, Newburg, Mo</u>		25. DATE REC'D BY LOCAL REG. <u>April 8, 1959</u>	
26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Lee Johnson

Licensed Embalmer No. 3392
P. O. Address Newburg

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.