

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035789

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 127 Primary Registration District No. 2000 Registrar's No. 1129

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>10 years</u>	c. CITY OR TOWN <u>Springfield</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 <u>1600 West High Street</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2020 W. Lee Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>FRANK</u> Last <u>BRIDGES</u>			4. DATE OF DEATH Month <u>October</u> Day <u>21</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/3/1903</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tree trimmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tree Trimming</u>		11. BIRTHPLACE (City and state or country) <u>Carthage, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William H. Bridges</u>		13b. MOTHER'S MAIDEN NAME <u>Synthia Hicks</u>	
14. NAME OF HUSBAND OR WIFE <u>Irene F. Bridges</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>500-01-1597</u>	
17. INFORMANT <u>Irene F. Bridges, Springfield, Mo.</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>Complete Transverse Fracture of Dorsal Spine</u> DUE TO (b) <u>see 20b</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Slight burns on left hand and left leg do to touching "hiten" wire.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) <u>He was up in a tree at the above address trimming the tree. He apparently touched a high tension wire and was thrown out of the tree. He was found at the bottom of tree, dead. He was alone</u>	
20c. TIME OF DEATH Hour <u>10:30 AM</u> Month, Day, Year <u>10/21/59</u>	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.) <u>in rear of a home</u>		20f. CITY, TOWN, OR LOCATION <u>Springfield, Greene, Missouri</u>	

21. I attended the deceased from _____, to _____ and last saw her him alive on _____
Death occurred at aprox 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ralph Thieme</u> Greene County Coroner		22b. ADDRESS <u>Springfield, Missouri</u>		22c. DATE SIGNED <u>22/Oct/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>24 Oct 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>	
24. FUNERAL DIRECTOR <u>Ralph Thieme</u> <u>1200 Boomersville Avenue, Springfield, Missouri.</u>		25. DATE RECD. BY LOCAL REG. <u>10-23-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie B. Meeter</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harold Futrell

Licensed Embalmer No. 507

P. O. Address Springfield

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.