RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007476
STATE FILE NUMBER

FILED VS MAR 14 1960

Registration District No. 7 Primary Registration District No. 3049 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hayti — Length of stay in 1b: 24 hrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: New Madrid
c. CITY OR TOWN: Portageville — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 308 W. 6th. St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mildred — Middle: — Last: Gallion
4. DATE OF DEATH: Month, Day, Year: February 25 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 10-10-17
9. AGE (last birthday): 42 — IF UNDER 1 YEAR: Months 4, Days 8 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bells, Tennessee
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William R. Bridger
13b. MOTHER'S MAIDEN NAME: Martha Taylor
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Hardy Bridger — Address: 2021 N. 53rd. St. E. St. Louis, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Right-sided Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Asthma Exhaustion — 3 to 4 days
DUE TO (c): Bronchopneumonia — 3 to 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Spontaneous Stilbirth Delivery (3 months gestation)
PART III. If deceased was female was there a pregnancy in last 90 days. [X] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 24 February 1960 to 25 Feb 60 and last saw her alive on 25 February 1960
Death occurred at 5:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Andrew E. Painter M.D.
22b. ADDRESS: 223 King St. Portageville Mo
22c. DATE SIGNED: 3/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-28-60
23c. NAME OF CEMETERY OR CREMATORY: H.S. Smith Cem.
23d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Ponder Funeral Home-Lilbourn, Mo.
25. DATE RECD. BY LOCAL REG.: 3-3-'60
26. REGISTRAR'S SIGNATURE: LaVanda Adams

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS NOV 9 1960

JAN 14 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 7030

P. O. Address Lisbon, Ia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.