

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 2 1960

-60-014071

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 10 Years		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 219 E. Bolivar			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 219 E. Bolivar		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oceola Middle Bridgeford Last Bridgeford				4. DATE OF DEATH Month April Day 24 Year 1960				
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 9-16-73	9. AGE (last birthday) 86		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Monroe Co, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME G. W. Kerr			13b. MOTHER'S MAIDEN NAME Mary Francis Marshall			14. NAME OF HUSBAND OR WIFE Homer Bridgeford, Dec.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Ralph Bridgeford Perry, 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) Chronic Cardiac decompensation							INTERVAL BETWEEN ONSET AND DEATH 2 years	
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)						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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year						
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		COUNTY		STATE
21. I attended the deceased from July 2 1950 to April 24 60 and last saw her alive on April 23 1960 Death occurred at 5 am on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Name or title) Charles Hanna MD				22b. ADDRESS Mexico Mo			22c. DATE SIGNED 4-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 26, 60	23c. NAME OF CEMETERY OR CREMATORY South Fork Cemetery		23d. LOCATION (City, town, or county) (State) MONROE Co. Mo			
24. FUNERAL DIRECTOR Arnold Funeral Home			ADDRESS 310 S. Washington		25. DATE RECD. BY LOCAL REG. April 25-1960		26. REGISTRAR'S SIGNATURE Blanche Neely	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 28 1960.

JUN 4 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard A. McDowell

Licensed Embalmer No.

4825

P. O. Address

Medico

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.