RL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 5 1960

-60-043054

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 234

DED

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Mem. Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Cuba
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Blanche Middle: Lillian Last: Bridges

4. DATE OF DEATH Month: 12 Day: 1 Year: 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-4-1902

9. AGE (last birthday) 58

IF UNDER 1 YEAR: Months / Days 28 — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Merchant & Clerk

10b. KIND OF BUSINESS OR INDUSTRY Dry Good

11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Elmon Sullinger

13b. MOTHER'S MAIDEN NAME Addie Hitt

14. NAME OF HUSBAND OR WIFE Omer A. Bridges

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. 489-03-6943

17. INFORMANT Omer A. Bridges, Address Cuba, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Heart Failure	Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Congestive Failure	3 wks
DUE TO (c)	Metastatic Carcinoma of Lung	4 Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Radical Mastectomy Four Years Ago for CA of Breast

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 1 Nov 60, to 30 Nov 60 and last saw her/him alive on 30 Nov 60
Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gordon W. Duffel (Degree or title) MD

22b. ADDRESS Bourbon Mo.

22c. DATE SIGNED 12-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-4-1960

23c. NAME OF CEMETERY OR CREMATORY Morgan Cemetery

23d. LOCATION (City, town, or county) Advance (State) Mo.

24. FUNERAL DIRECTOR Paul R. Johnson ADDRESS Cuba, Mo

25. DATE RECD. BY LOCAL REG. Dec. 3, 1960

26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 15 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3477

P. O. Address Cuba, N

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