

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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=60-048425

Registration District No. \_\_\_\_\_ Primary Registration District No. 3074 Registrar's No. 299 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		c. CITY OR TOWN <b>Sikeston</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Route #3</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>Elzy</b>	Middle <b>Bib</b>	Last <b>Bridges</b>	4. DATE OF DEATH	Month <b>12</b>	Day <b>11</b>	Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-1, 1880</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>10</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Balch, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Frank Bridges</b>	13b. MOTHER'S MAIDEN NAME <b>Queenie Shoffner</b>	14. NAME OF HUSBAND OR WIFE <b>Alaa Terry</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>429-44-2214</b>	17. INFORMANT <b>Elia Terry Bridges</b>	Address <b>Mo. Rt. 3 Sikeston</b>
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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 <b>4 yrs.</b>
IMMEDIATE CAUSE (a) <b>ART. SCLEROTIC HEART DIS.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>GEN. ART. SCLEROSIS</b>	
DUE TO (c) <b>ES. HYPERTENSION.</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>COLLAGEN DIS. OF LUNGS DIAB. MEL.</b>		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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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
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21. I attended the deceased from **1957** to **1960** and last saw him alive on **12.11.60**  
Death occurred at **11:35 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Carl G. Popp M.D.</b>	(Degree or title)	22b. ADDRESS <b>Sikeston, Mo.</b>	22c. DATE SIGNED <b>12.13.60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-13-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Garden Of Memories</b>	23d. LOCATION (City, town, or county) (State) <b>Sikeston, Missouri</b>
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24. FUNERAL DIRECTOR <b>Edw. E. Nunneley</b>	ADDRESS <b>Funeral Chapel Sikeston Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-19-60</b>	26. REGISTRAR'S SIGNATURE <b>Miss Ella Hunter</b>
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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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Siberton, 1

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.