SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-001728
STATE FILE NUMBER

AMENDED FILED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 35-

JAN 17 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence | Length of stay in 1b 64 yrs.

c. CITY OR TOWN Independence | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 423 N. Delaware | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 423 N. Delaware | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MR. JOEL Middle ELBRIDGE Last BRIDGES

4. DATE OF DEATH Month January Day 10, Year 1961

5. SEX Male | 6. COLOR OR RACE White | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH Nov. 17, 1869 | 9. AGE (last birthday) 91 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Finance Co.

10b. KIND OF BUSINESS OR INDUSTRY

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

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Benjamin Bridges

13b. MOTHER'S MAIDEN NAME Nancy E. Lynn

14. NAME OF HUSBAND OR WIFE Rose Lee Bridges, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Virginia Harder Address 423 N. Delaware, Indep., Mo.

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) Arteriosclerotic Heart Disease | INTERVAL BETWEEN ONSET AND DEATH Chronic

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)
Cerebrovascular Accident (Stroke)

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 Sept 29, 1959, to Jan 10, 1961 and last saw her/him alive on Jan 10, 1961
Death occurred at 6:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Hutchinson M.D.

22b. ADDRESS 604 W. Maple Independence, Mo.

22c. DATE SIGNED 1/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 12, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills | 23d. LOCATION (City, town, or county) Kansas City, Mo. (State)

24. FUNERAL DIRECTOR OTT & MITCHELL, Indep., Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 1-12-61

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DOCUMENT BY AFFIDAVIT OF

FEB 2 1961

FEB 8 1961

APR 25 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jason T Cutler

Licensed Embalmer No. 4928

P. O. Address Ensley Ma

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