

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004805

STATE FILE NUMBER

AMENDED

Registration District No. 62Primary Registration District No. 5239

Registrar's No. _____

FILED VS FEB 27 1961

1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Linn Twp.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

7 Miles South

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Cedar

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Stockton

d. STREET ADDRESS

(If outside, give location)

7 Miles South

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

FRED

ADEN

BRIDGES

4. DATE OF DEATH

Month

Day

Year

Feb. 23, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

2/2/09

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months

Days

Hours

Min.

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

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Cherokee County, Kans. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Richard E. Bridges

13b. MOTHER'S MAIDEN NAME

Myrtle E. Butler

14. NAME OF HUSBAND OR WIFE

Georgia Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

494-186204 Mrs. Georgia Bridges, Stockton, Mo.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Occlusion - massive
first attack 6-22-54

INTERVAL BETWEEN ONSET AND DEATH

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.

☐ Yes ☐ No ☐ Unknown19. 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 6-22-54 to 2-23-61 and last saw him alive on 2-20-61
Death occurred at 830 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. B. Ritter M.D.

22b. ADDRESS

Stockton, Mo.

22c. DATE SIGNED

2-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/26/1961

23c. NAME OF CEMETERY OR CREMATORY

Stockton City Cem.

23d. LOCATION (City, town, or county)

Stockton, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Cantlon Funeral Home, Stockton, Mo. 2-25-61

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stoughton, MA

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.