

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007763

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 147

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

**FILED APR 4 1961**

1. PLACE OF DEATH 4 1961  
 a. COUNTY **Butler**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Poplar Bluff** Length of stay in 1b **Few days**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Poplar Bluff Hosp.** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** COUNTY **Stoddard**  
 c. CITY OR TOWN **Bernie,** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **East part of town** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**Shirley Faye Bridges** **March 15, 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12-7-40** 9. AGE (last birthday) **20**  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Bernie, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Thomas Tucker** 13b. MOTHER'S MAIDEN NAME **Louise Stephens** 14. NAME OF HUSBAND OR WIFE **James G. 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. **Unknown** 17. INFORMANT **Mr. James Bridges** Address **Bernie, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Pneumonia**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **She had major surgery** 3 days  
 DUE TO (c) **Her life after pneumonia**  
 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  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 Month, Day, Year  
 a.m. p.m.

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 **Mar 10 1961** to **Mar 15 1961** last saw her alive on **Mar 15 1961**  
 Death occurred at **5:05 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Poplar Bluff Mo** 22c. DATE SIGNED **3-21-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **3-17-61** 23c. NAME OF CEMETERY OR CREMATORY **Bernie Cemetery** 23d. LOCATION (City, town, or county) (State) **Bernie, Mo.**

24. FUNERAL DIRECTOR **Duffie- Rainey** ADDRESS **Bernie, Mo.** 25. DATE RECD. BY LOCAL REG. **3/21/61** 26. REGISTRAR'S SIGNATURE **[Signature]**

**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 Raymond L. Ruffie

Licensed Embalmer No. 4798

P. O. Address Berne, Va.

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.