MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014324
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 24

FILED MAY 10 1961

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon, Mo — Length of stay in 1b: 10 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First: Willis Middle: W. Last: Bridges
4. DATE OF DEATH Month: May Day: 1 Year: 1961
5. SEX: M.
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-8-94
9. AGE (last birthday): 66 — 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): carpenter-builder
10b. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Herbert Henry Bridges
13b. MOTHER'S MAIDEN NAME: Elizabeth Worich
14. NAME OF HUSBAND OR WIFE: Hazel 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.
17. INFORMANT: Mo. State San Records — Address

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Coronary arteriosclerosis
DUE TO (c) ~~Pulmonary infarction (Right)~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
1. Lobar pneumonia: 2) Hemorrhagic pneumonitis 3) cor pulmonale
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 May 1, 1961 to May 1, 1961 and last saw him alive on May 1, 1961
Death occurred at 7:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Stellwag M. D.
22b. ADDRESS: Mt. Vernon, Mo.
22c. DATE SIGNED: May 1, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-2-1961
23c. NAME OF CEMETERY OR CREMATORY: Stockton City Cemetery
23d. LOCATION (City, town, or county) (State): Stockton Mo.

24. FUNERAL DIRECTOR: Max L. Jossett — ADDRESS: Mt. Vernon, Mo
25. DATE RECD. BY LOCAL REG.: 5-2-1961
26. REGISTRAR'S SIGNATURE: N. D. Jossett

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
18a	Myocardial infarction		5/23/61
18b	Coronary arteriosclerosis	Pulmonary infarction	5/23/61
18 Pt. 2	(See the information added)		

BY AFFIDAVIT OF attending physician — DOCUMENT

AMENDED

MAY 11 1

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_____ Signed Max L Fossett

Signature of Student Embalmer

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, Me

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.