

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-035734

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5362 Registrar's No. 109

AMENDED

FILED NOV 15 1961

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iron</u> b. COUNTY <u>Mo</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Township</u>		Length of stay in lb <u>4 years</u>	c. CITY OR TOWN <u>Arcadia Mo RR</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5 miles East Arcadia, Mo</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Edward</u> Last <u>Bridwell</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>7</u> Year <u>1961</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/29/1921</u>	9. AGE (last birthday) <u>39</u> <u>40</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Raide</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Technician</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis County</u>	12. CITIZEN OF WHAT COUNTRY <u>US.A.</u>
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13a. FATHER'S NAME <u>James Bridwell</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Leath</u>	14. NAME OF HUSBAND OR WIFE <u>Faye Bridwell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Faye Bridwell Arcadia, Mo</u>
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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: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>3 years.</u>

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. <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 _____

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 DEC. '58 to NOV 1961 and last saw her/him alive on NOV 3, 1961
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Marvin C. Menne MD</u> (Degree or title)	22b. ADDRESS <u>Ironton, Mo.</u>	22c. DATE SIGNED <u>11-7-61</u>
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23a. BURIAL (CREMATION, REMOVAL (Specify) <u>burial</u>)	23b. DATE <u>11/9/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Big Ben Rd St. Louis County</u>
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24. FUNERAL DIRECTOR <u>Jay B. Smith 7456 Manchester</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11/8/61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Annie Jones</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED: 1/5/62
 INSTEAD OF: 5/29/22 & 39
 DOCUMENT: Own Birth Record
 MEDICAL CERTIFICATION: Informant
 BY AFFIDAVIT OF: 5/29/21 & 40
 ITEM NO.: SHOULD READ: 5/29/21 & 40

NOV 29 1961

NOV 29 1961

NOV 29 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 C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Lawton, Ok

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.