MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014696
STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 15

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0281
2 0280 2
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4 0
5 1
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12 1-0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 25 1962

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sullivan
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan Comm. Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Bourbon
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Star Rt. Bluespring Rd.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Sylvester Middle: Wyatt Last: Bridgeman
4. DATE OF DEATH Month: April Day: 20 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 25 1890
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months 9 Days 27
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Worker
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): St Louis County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William W. Bridgeman
13b. MOTHER'S MAIDEN NAME: Jane Stevens
14. NAME OF WIFE: Ocia Futler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes W. W. I
16. SOCIAL SECURITY NO.: No
17. INFORMANT: mrs Ocia Bridgeman Address: Bourbon 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) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 1 wk
DUE TO (c) Hypostatic pneumonia — 1 wk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute Cerebral Vascular Hemorrhage Arteriosclerotic Heart Disease
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 Aug 59, to 20 April 62 and last saw her/him alive on 20 April 62
Death occurred at 7:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Gordon W. Duffel MD
22b. ADDRESS Bourbon MO
22c. DATE SIGNED 22 Apr 62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 23 Apr 1962
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Hill
23d. LOCATION (City, town, or county) (State): Bourbon Mo.
24. FUNERAL DIRECTOR: Norman C. Hoener ADDRESS: Cuba Mo.
25. DATE RECD. BY LOCAL REG.: April 23, 1962
26. REGISTRAR'S SIGNATURE: William Crowson

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1962

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 Herman C. Haemer

Licensed Embalmer No. 4673

P. O. Address Cuba, Mo.

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.