

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016110

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 4350 Registrar's No. 20

FILED APR 24 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Marion
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Syracuse Length of stay in 1b Life
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Syracuse Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Marion
 c. CITY OR TOWN Syracuse Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Syracuse Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Ben Austin Bridges 4. DATE OF DEATH Month Day Year April 15 1962
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Dec. 14 1883 9. AGE (last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Construction 11. BIRTHPLACE (City and state or country) Syracuse, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME James L. Bridges 13b. MOTHER'S MAIDEN NAME Elizabeth Jane Austin 14. NAME OF HUSBAND OR WIFE OSA 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. [redacted] 17. INFORMANT Address 67 Helen Howard Marshall, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH immediate
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.L. Washburn Local Registrar 22b. ADDRESS Versailles, Mo 22c. DATE SIGNED 4/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 19, 1962 23c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery 23d. LOCATION (City, town, or county) (State) Syracuse, Mo.

24. FUNERAL DIRECTOR ADDRESS Richards Funeral Home Tipton, Mo. 25. DATE RECD. BY LOCAL REG. 4-21-62 26. REGISTRAR'S SIGNATURE J.L. Washburn

USE BLACK INK OR TYPEWRITER RIBBON

APR 25 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 James R. Scum

Licensed Embalmer No. 4880

P. O. Address Wassell, MD.

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.