

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021761

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 374 Primary Registration District No. 4347 Registrar's No. 15

STATE FILE NUMBER

FILED MAY 17 1962	
1. PLACE OF DEATH a. COUNTY <u>Worth</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u> Length of stay in lb <u>11 Yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Grant City Nursing</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Worth</u> c. CITY OR TOWN <u>Grant City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>(None)</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>TIRY</u> Middle <u>C.</u> Last <u>BRIDGES</u>	
4. DATE OF DEATH <u>April 25, 1962</u> Month <u>April</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 26, 1875</u>
9. AGE (last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u> IF UNDER 24 HR Hours <u>    </u> Min. <u>    </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (City and state or country) <u>Denver, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Tiry C. Bridgers</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Alders</u>	
14. NAME OF HUSBAND OR WIFE <u>Jennie Medearos</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Orlene Yates Grant City Mo.</u> Address <u>    </u>	
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>Uremia</u> DUE TO (b) <u>Chronic pyelonephritis &amp; pulmonary emphysema</u> DUE TO (c) <u>    </u> 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)	
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	
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.)	
20c. TIME OF INJURY Hour <u>    </u> Month, Day, Year <u>    </u> a.m. <u>    </u> p.m. <u>    </u>	
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.) <u>    </u>
20f. CITY, TOWN, OR LOCATION <u>    </u> COUNTY <u>    </u> STATE <u>    </u>	
21. I attended the deceased from <u>1947</u> to <u>4-24-62</u> and last saw <u>him</u> alive on <u>4-24-62</u> Death occurred at <u>9:00</u> <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Frank B. Matteson, M.D.</u> (Do not sign)	
22b. ADDRESS <u>Grant City, Missouri</u>	
22c. DATE SIGNED <u>4-25-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-29-62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	
23d. LOCATION (City, town, or county) (State) <u>Lucas County Iowa</u>	
24. FUNERAL DIRECTOR <u>M. E. Mosher Laconia, Iowa</u> ADDRESS <u>    </u>	
25. DATE RECD. BY LOCAL REG. <u>May 10, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Orlene Yates</u>	

VS 300 Rev. 4/59  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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,

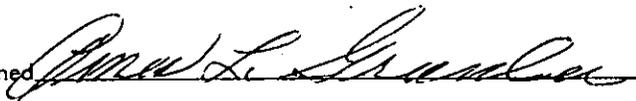
~~on~~ by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3967

P. O. Address Livermore, Ca

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.