

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-092308

STATE FILE NUMBER

22308

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 107

FILED JUN 25 1962

VS 300
Rev. 4/59

1 6004
2 6004
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4 0
5 1
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7 1
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9 976X
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12 6-3
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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 <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NORTH KANSAS CITY</u>		Length of stay in 1b <u>4 HRS.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NORTH KANSAS CITY HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>5712 MEADOW LANE</u>	
3. NAME OF DECEASED (Type or print) <u>HERBERT MILTON BRIDGES</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>14</u> Year <u>1962</u>	
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>12-17-15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIST. OPERATIVE MAR.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAYBARELEC. CO</u>	
11. BIRTHPLACE (City and state and country) <u>Oglethorpe Co. GA.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD L. BRIDGES</u>		13b. MOTHER'S MAIDEN NAME <u>MAMIE D. HAMMOND</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>		17. INFORMANT <u>DOROTHY B. BRIDGES-5712 MEADOW LANE</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound to head - behind Rt ear. 4 hrs.</u> DUE TO (b) <u>German Mauser Automate</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>State Health Officer</u>		22c. DATE SIGNED <u>6/16/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>6-16-62</u>	
23c. NAME OF CEMETERY OR CREMATORIAN <u>GREENLAWN</u>		23d. LOCATION (City, town, or county) (State) <u>COLUMBIA, SO. CAR.</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS - KANSAS CITY</u>		25. DATE RECD. BY LOCAL REG. <u>6-16-62</u>	
ADDRESS <u>NORTH</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 3 1962

JUN 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 John V. Henick
Licensed Embalmer No. 4848

P. O. Address 5-6 17 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.