

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

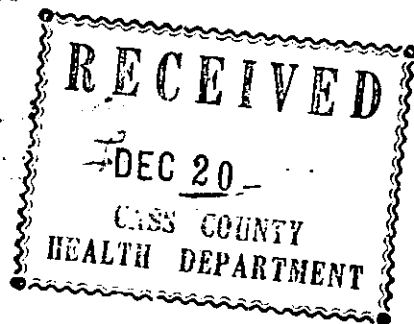
State File No. **41756**
Registrar's No. **183**

FILED DEC 23 1952

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		State File No. 41756		Registrar's No. 183	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass					
b. CITY OR TOWN Harrisonville		c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Peculiar, Missouri		0190			
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				d. STREET ADDRESS (If rural, give location) Peculiar, Missouri		0			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Benjamin		c. (Last) Bridgeforth		4. DATE OF DEATH (Month) 12- (Day) 14- (Year) 1952			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 8-28-1879		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Alton, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Bridgeforth			13b. MOTHER'S MAIDEN NAME Ruth Jones			14. NAME OF HUSBAND OR WIFE Mary Bridgeforth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Lowell French Latour, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral sclerosis DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓						INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓ 332X						20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? ✓					
22. I hereby certify that I attended the deceased from Dec 7, 1952 , to 12/14, 1952 , that I last saw the deceased alive on 12/14, 1952 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Master V. D. Robbins M.D.				23b. ADDRESS Peculiar, MO.				23c. DATE SIGNED 12/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-16-1952		24c. NAME OF CEMETERY OR CREMATORY Peculiar Cem		24d. LOCATION (City, town, or county) (State) Peculiar, Mo.			
DATE REC'D BY LOCAL REG. Dec 18, 1952		REGISTRAR'S SIGNATURE Dora Barnard		457-10		25. FUNERAL DIRECTOR'S SIGNATURE Alvin Humphrey		ADDRESS Pleasant Hill Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill m

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 this body is not embalmed, fact should be so stated above.