S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41756

FILED DEC 23 1952

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 183

0191 0

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peculiar, Missouri 0190
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 0

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 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

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. 0

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) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — | INTERVAL BETWEEN ONSET AND DEATH: 1 week

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. ✓

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 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V. Robbins M.D | 23b. ADDRESS: Peculiar, MO. | 23c. DATE SIGNED: 12/16/52

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 457-0 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Allen Bramhall Pleasant Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0 0

RECEIVED
DEC 20
CASS COUNTY
HEALTH DEPARTMENT

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 Allen Brownfield

Signed.....
Student Embalmer

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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 this body is not embalmed, fact should be so stated above.