

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15275**

FILED JUN 13 1955

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. LENGTH OF STAY (in this place) 10 years		c. CITY OR TOWN Windsor		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Hospital				• STREET ADDRESS (If rural, give location) 204 E. Washington			
3. NAME OF DECEASED (Type or Print) CLYDE H. BRIDGES			4. DATE OF DEATH (Month) May (Day) 23 (Year) 1955				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Dec. 18, 1887	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Machinist - Retired		11. BIRTHPLACE (City and State or Foreign Country) Windsor, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME A.B. Bridges		13b. MOTHER'S MAIDEN NAME Rachel Ann Van Slyke		14. NAME OF HUSBAND OR WIFE Frances Skilliam Bridges			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 707 10 8943		17. INFORMANT'S SIGNATURE OR NAME Mrs. C.H. Bridges, Windsor, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cardiac decompensation		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation				INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4343				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1, 1954 , to May 23, 1955 , that I last saw the deceased alive on May 23, 1955 , and that death occurred at 1:14 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Ray B Jordan M.D. (Degree or title)				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 5-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-25-55		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri	
DATE REC'D BY LOCAL REG. 5-25-55		REGISTRAR'S SIGNATURE Florence C. Austin		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Turner Windsor, Mo.			

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

JUN 13 1959

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 *William M. Turner*

Licensed Embalmer No. *46*

P. O. Address *Windsor*

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.