

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11927

State File No. \_\_\_\_\_

BIRTH NO. 48-78633 REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4449 Registrar's No. 11-1949

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>	c. LENGTH OF STAY (in this place) <u>Wife</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home, Old Farmers Exchange Building</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Silas</u> c. (Last) <u>Bridgeman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>1</u> <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 20, 1948</u>	9. AGE (In years last birthday) <u>4</u>	10. UNDER 1 YEAR <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Cuba, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles Silas Bridgeman</u>	13b. MOTHER'S MAIDEN NAME <u>Blenda Beatrice Camden</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Silas Bridgeman</u>	ADDRESS <u>Cuba, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation - unavoidable circumstances</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>6<sup>40</sup> 18</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None Apparent</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cuba Crawford Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 1 1949 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Turned over on face in bed</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:26 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul C. Shanklin</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>4-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Under Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-1-49</u>	REGISTRAR'S SIGNATURE <u>Paul C. Shanklin</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Shanklin</u>	ADDRESS <u>Cuba, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

28  
0

RECEIVED

District Health Officer, No. 5,

District File Number 449255

Date Filed 4-9-49

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 .....  
Student Embalmer

Signed

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.