S. No. 300
. 10-48

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12865

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1924

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 31 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1607 W. 37th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1607 W. 37th St.

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3. NAME OF DECEASED (Type or Print)
a. (First): MARVIN
b. (Middle): R.
c. (Last): BRIDGES, Sr.

4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 50

5. SEX: Ma
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-14-1900
9. AGE (In years last birthday): 50 — 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): Former Owner
10b. KIND OF BUSINESS OR INDUSTRY: Cleaning Shop
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Martin P. Bridges
13b. MOTHER'S MAIDEN NAME: Nancy Lyncicome
14. NAME OF HUSBAND OR WIFE: Gladys M. Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: 486-01-2604
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Gladys M. Bridges, 1607 W. 37th — ADDRESS

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): Posterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3/21 - 4/25/50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Anterior Myocardial Infarction — 5/30/45
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: X — 4201

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION: X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
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* 11/19, 1946, *to* 4/25, 1950, *that I last saw the deceased alive on* 4/18, 1950 *and that death occurred at* 4:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Lyle G. Willits (Degree or title): Lyle G. Willits M.D.
23b. ADDRESS: 1512 Professional Bldg
23c. DATE SIGNED: 4/26

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-27-50
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn
24d. LOCATION (City, town, or county): Kansas City — (State): Mo.

DATE REC'D BY LOCAL REG.: 4-26-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: J W Wagner — ADDRESS: Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1950

Cert Reg
VI - 1105

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 Alvin R. Haunschild

Signed .....
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.