

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **21192**

FILED JUN 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5974** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" N. Green Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" N. Green Twp.</b> <b>0840</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL-NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>		b. (Middle) <b>Bridges</b>	
c. (Last) <b>Bridges</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 13 1950</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 31 1881</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Polk County, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John A. Black</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Austin</b>	
14. NAME OF HUSBAND OR WIFE <b>Bert S. Bridges</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Bert S. Bridges</b>		ADDRESS <b>Rt. 1, Goodson, Mo.</b>	
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) <b>Cancer of Liver/stomach</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac Renal Vascular</b>		<b>1998</b> <b>2 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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 <b>1/1</b> , 19 <b>50</b> , to <b>6/13</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>6/10</b> , 19 <b>50</b> , and that death occurred at <b>2:10 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. A. Glasgow</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Union</b>	
23c. DATE SIGNED <b>6/13/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>June 18, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Star Ridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Polk County Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 19, 1950</b>		REGISTRAR'S SIGNATURE <b>Ralph Gardner</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Turpin Funeral Home</b>		ADDRESS <b>Bolivar, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-26-50  
District Health Officer No. 7,  
District File Number 5-50-717  
Date Filed 6-26-50

**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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Delivar, 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.