

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23485

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3125

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>59 Years</b>		d. STREET ADDRESS (If rural, give location) <b>7634 Summit Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>7634 Summit Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hildred</b> b. (Middle) <b>Emilia</b> c. (Last) <b>Bridges</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 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>Dec. 26, 1890</b>		9. AGE (In years last birthday) <b>59</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except during military service) <b>Editor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>League of American Pen Women Magazine</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>	

13a. FATHER'S NAME <b>James Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Amy Chandler</b>		14. NAME OF HUSBAND OR WIFE <b>William L. Bridges, Sr.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William L. Bridges, Sr. 7634 Summit St. R.C.Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Sigmoid General Metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing 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) _____		1534	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1st Carcinoma Sigmoid August, 1947</b> <b>2nd Carcinoma Small Intestine Anastivers January, 1950</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 August 16, 1950, to July 17, 1950, that I last saw the deceased alive on July 16, 1950, and that death occurred at 4:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. H. Jones U.</b> <i>Geo. H. Jones M.D.</i>		23b. ADDRESS <b>80th &amp; Paseo, Kansas City, Mo.</b>		23c. DATE SIGNED <b>7/17/1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>July 19, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>D.W. Newcomer's Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri.</b>					

DATE REC'D BY LOCAL REG. <b>7-19-50</b>		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>D.W. Newcomer's Sons</i> <b>1331 Brush Creek Blvd. Kansas City 4, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

*Albert L. Savage*  
working under my personal supervision.

Student Embalmer No. *360*

Signed *Albert L. Savage*  
Student Embalmer *360*

Signed *Edmund M. Stang*

Licensed Embalmer No. *4452*

P. O. Address. *K.C. 4 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.