

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36171

FILED NOV 5 1951

State File No. _____

BIRTH NO. _____		REG. DIST. <u>359</u>	PRIMARY REG. DIST. NO. <u>6219</u>	Registrar's No. <u>21</u>
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>		
b. CITY OR TOWN <u>Nevada, Mo. R.R.</u> c. LENGTH OF STAY (in this place) <u>\$3 5 yrs</u>		c. CITY OR TOWN <u>Nevada ? Mo. R.R. 3</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>DRYWOOD TWP. BAEGER</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph Marion</u> b. (Middle) <u>Bridgewater</u> c. (Last) <u>Bridgewater</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20 51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 18, 1864</u>	9. AGE (In years last birthday) <u>87</u> 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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Wayne Co. Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>William Bridgewater</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabethley</u>	14. NAME OF HUSBAND OR WIFE <u>Ida McLeod</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ora Bridgewater</u> ADDRESS <u>Lamar, Mo. R 3</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>3 years</u> <u>6 months</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) <u>4201</u>		
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 <u>June 28, 1949</u> , to <u>Oct 20, 1951</u> , that I last saw the deceased alive on <u>Oct 14, 1951</u> and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Clay W. Pearson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>10/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 22 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jerico Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Jerico Springs Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 26 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faeth</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Herald Berry</u> ADDRESS <u>Shelburne</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

DEPT. OF HEALTH OF MD.
Baltimore

Dist. File 1151-1906
Date File 11-1-54

REC'D
1954

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.

Signed _____
Student Embalmer

Signed L. Gerald Biny

Licensed Embalmer No. 4203

P. O. Address Shelton Md

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.