

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41214**

NOV 18 1952

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 3071		Registrar's No. 50								
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY Saline						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater		0971								
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 520 No Elm				d. STREET ADDRESS (If rural, give location) 0										
3. NAME OF DECEASED (Type or Print)			a. (First) Charles			b. (Middle) Walter			c. (Last) Bridges			4. DATE OF DEATH (Month) (Day) (Year) Nov 9 52		
5. SEX Male		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-13-1860		9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months 7 Days 26		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance agent				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Franklin Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Andrew Bridges				13b. MOTHER'S MAIDEN NAME Eliza Snoddy				14. NAME OF HUSBAND OR WIFE Ora Bridges						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Ora Bridges				ADDRESS Slater Mo				
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) Cerebral Hemorrhage ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Hypertension and DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Senility								INTERVAL BETWEEN ONSET AND DEATH 10 days ? ?		
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 331X								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 June , 1947, to Nov. 9 , 1952, that I last saw the deceased alive on Nov. 7 , 1952, and that death occurred at 11:15 p.m. , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) C. U. McBurney M.D.						23b. ADDRESS Slater, Mo.			23c. DATE SIGNED 11-10-52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-11-52		24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery				24d. LOCATION (City, town, or county) (State) Slater Mo						
DATE REC'D BY LOCAL REG. 11/12/52		REGISTRAR'S SIGNATURE Mrs. Earl C. Metz				25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers		ADDRESS Slater Mo						

(Licensed Embalmer's Statement on Reverse Side)

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

0971

JUL 11 1968

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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.