

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45264

State File No.

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City</u> <u>0550</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>203 Washington</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1921 ANNE Baxten</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ONA</u> b. (Middle) <u>B.</u> c. (Last) <u>Bridgman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>24</u> <u>52</u>		
5. SEX <u>FM</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>3/8/1883</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR: Months <u>11</u> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>J. O. F. Beasley</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Doyle</u>		14. NAME OF HUSBAND OR WIFE <u>Creed Bridgman (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Linder Joplin, Mo.</u> ADDRESS <u>Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
<p><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u>					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>					

19a. DATE OF OPERATION <u>Nov 18 '51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Colostomy - Carcinoma free</u>				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 Oct 16, 1952, to Feb 24, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:05 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clude B. Spangler D.O.</u>		23b. ADDRESS <u>Trisco Bldg. Joplin Mo.</u>		23c. DATE SIGNED <u>6-19-52</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/26/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Pierce City MO</u>	
DATE REC'D BY LOCAL REG. <u>5/26/52</u>		REGISTRAR'S SIGNATURE <u>John Davis</u> <u>138-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm J. Merrill</u> ADDRESS <u>Pierce City Mo.</u>	

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

0495

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Pierce City, Missouri
County of Lawrence

JUN 23 1953

I CERTIFY THAT THIS IS A TRUE AND EXACT COPY OF DEATH CERTIFICATE
OF ONA B. BRIDGMAN.

signed: William J. Wessell

On this 18th day of June 1953 Before me personally appeared William
J. Wessell to me known ~~to be~~ to be the person who executed the foregoing
instrument.

Subscribed and sworn to before me, and in testimony whereof, I have
hereunto set my hand and affixed my official seal in the state aforesaid
the day and year above written

William H. Malan
Notary Public

My commission expires 27 June 1955

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 me

working under my personal supervision.

Student Embalmer No.

Signed R. Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Pierce City, 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.