

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>0043</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> <u>043</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>Years</u>		d. STREET ADDRESS (If rural, give location) <u>608 N. Clark St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>608 N. Clark ST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilbur</u> b. (Middle) <u>French</u> c. (Last) <u>Bridgeford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 6, 1891</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 HRS. Hours <u>    </u> Mins. <u>    </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Power</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> <u>0</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>E. McD. Bridgeford</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Nichols</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Minnie Bridgeford</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>491-05-5860</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Bridgeford, Mexico, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				<u>1 year</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>		<u>2 years</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Generalized Atherosclerosis</u>		<u>4 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		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 3/11, 1948 to 5/19, 1953 that I last saw the deceased alive on 5/19, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. J. Dwyer, M.D.</u>		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>5/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>May 21-1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. Russell Dwyer</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAY 25 1953

JUN 16 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.

Student .....  
Student Embalmer

Signed Thos. L. D. Bell

Licensed Embalmer No. 45-5-2

P. O. Address Merica, 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.