

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30938

FILED SEP 20 1954

State File No. \_\_\_\_\_  
Registrar's No. 357

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		State File No. _____		Registrar's No. 357	
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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Independence</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2014 Northern</b>					STREET ADDRESS (If rural, give location) <b>2014 Northern 10050</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Willie</b>			b. (Middle) <b>Marie</b>		c. (Last) <b>Bridgeford</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 4 1954</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>June 17-1914</b>		9. AGE (In years last birthday) <b>40</b>	
						10. UNDER 1 YEAR Months <b>2</b> Days <b>18</b>		F UNDER 1 HR. Hour <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Defense Work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Defense Work</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Seneca-Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>	
13a. FATHER'S NAME <b>Oscar W. Todd</b>			13b. MOTHER'S MAIDEN NAME <b>Elba J. Simpson</b>			14. NAME OF HUSBAND OR WIFE <b>Richard J. Bridgeford</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. <b>491-20-2776</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Richard J. Bridgeford</b> ADDRESS <b>Indap. Mo</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured aneurysm of Arch of Aorta (Willie)</b>						INTERVAL BETWEEN ONSET AND 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) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>452 X</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Rev. Charles J. ...</b>				23b. ADDRESS <b>1058 ...</b>				23c. DATE SIGNED <b>9-5-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Sept-7-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Independence - Mo</b>			
DATE REC'D BY LOCAL REG. <b>9-7-54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> 357		25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland R. Speaks - Indep. Mo</b> ADDRESS					

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *R. Kenneth Patterson*

Licensed Embalmer No. *469*

P. O. Address *Indy, IN*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.