

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2190

State File No.

 BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6037 Registrar's No. 511

1. PLACE OF DEATH a. COUNTY <u>RIPEEY</u> <u>0910,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before all places). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPELEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. LENGTH OF STAY (in this place) <u>YEARS</u>	c. CITY OR TOWN <u>RURAL</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PONDER - MO.</u>		e. STREET ADDRESS (If rural, give location) <u>PONDER - MO. 0910</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHANIEL</u> b. (Middle) <u>CURTIS</u> c. (Last) <u>BRIDGES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22 - 1955</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>NOV. 17 - 1877</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FAIRFIELD - ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>FRANK BRIDGES</u>	
13b. MOTHER'S MAIDEN NAME <u>FEBRA FRAZIER</u>		14. NAME OF HUSBAND OR WIFE <u>MANERVA BRIDGES</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. PEVA COLLEY - PONDER - MO.</u>		ADDRESS	
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>Dehydration</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Parkinsons Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>350 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>suicide</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)	
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>9-1-</u> <u>1954</u> , to <u>1-22</u> , <u>1955</u> , that I last saw the deceased alive on <u>1-22</u> , <u>1955</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Marion R. Barbauer, M.D.</u>		23b. ADDRESS <u>Village Bluff, Mo.</u>	
23c. DATE SIGNED <u>1/27/55</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1-23-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PONDER - CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>RIPELEY CO. MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>EDWARDS FUNERAL HOME - DONIPHAN, MO.</u>	
25. ADDRESS		DATE REC'D BY LOCAL REG. <u>1-30-55</u>	
REGISTRAR'S SIGNATURE <u>Ed Johnston</u> <u>277</u>		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Gene Harvett

Licensed Embalmer No. *489*

P. O. Address *Doniphan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.