

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11225

FILED MAY 2 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 1 day		d. 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 St. Francis Hospital			
No. STREET ADDRESS 25 South Sprigg Street		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) FRED C. BRIDGES			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 22, 1893		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 10 Days 29	
IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Lumber Company	
11. BIRTHPLACE (City and State or Foreign Country) Vienna, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME Young Bridges		13b. MOTHER'S MAIDEN NAME Caroline McBride		14. NAME OF HUSBAND OR WIFE Gladys F. Bridges	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 490-05-4996		17. INFORMANT'S SIGNATURE OR NAME Gladys F. Bridges ADDRESS Cape Gir., Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cardio-Renal Thrombosis		5 months	
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 4-20-55		19b. MAJOR FINDINGS OF OPERATION _____		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 **Nov. 19, 1954**, to **April 21, 1955**, that I last saw the deceased alive on **April 23, 1955**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. W. ... MD		(Degree or title)		23b. ADDRESS Cape Girardeau Mo	
23c. DATE SIGNED 4-23-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 24, 1955	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri			

DATE REC'D BY LOCAL REG. 4-24-55		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home	
ADDRESS 44-0		ADDRESS Cape Gir., Mo.			

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

772 R

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 *Virgil H. Kelch*.....

Licensed Embalmer No. *410*

P. O. Address *Cape Sable*

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.