

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40255

State File No.

FILED NOV 19 1956

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Slater</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 days</u>		f. STREET ADDRESS (If rural, give location) <u>Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Linwood</u>	b. (Middle) <u>Carthy</u>	c. (Last) <u>Bridges</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14-1956</u>
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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>Dec. 29-1876</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>A. W. Bridges</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Ewalt</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Lynne Bridges</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>495-40-2832</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lynne Bridges</u>	ADDRESS <u>Slater, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis to brain</u>			<u>?</u>
	DUE TO (c) <u>and liver</u>			<u>?</u>
11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 7, 1956, to Nov 14, 1956, that I last saw the deceased alive on Nov 14, 1956, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. A. McBurney, M.D.</u> (Degree or title)	23b. ADDRESS <u>Slater, Mo.</u>	23c. DATE SIGNED <u>11/15/56</u>
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24a. BURIAL CREMATION-REMOVED (Specify)	24b. DATE <u>11/17/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens, Marshall, Mo</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>11-16-56</u>	REGISTRAR'S SIGNATURE <u>Cecil S. Read</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u>	ADDRESS <u>Slater, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 8 7 10

1951 5 2 7 10

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 *A. C. Hill*

Licensed Embalmer No. *309*

P. O. Address *State*

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.