pt. Health,
., & Welfare
S. Public
lth Service

Y. S. 300
ev. 1–57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1958

45468
STATE FILE NUMBER

Registration District No. 914 Primary Registration District No. 4450 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: ST. CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: OSCEOLA — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b: 35 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST CLAIR
c. CITY OR TOWN: Osceola — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 093 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: W. Last: Bridges

4. DATE OF DEATH: Month: Dec. Day: 19 Year: 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 4, 1883

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Vista Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Bridges

13b. MOTHER'S MAIDEN NAME: Harriet Miller

14. NAME OF HUSBAND OR WIFE: Ada Bridges

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 497-07-4718

17. INFORMANT: Ada Bridges Address: Osceola Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial Decompensation — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Emphysema 4343.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1954 to Dec. 19, 1957 and last saw ~~him~~ him alive on Dec. 19, 1957
Death occurred at 5:03 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. L. Shipman D.O.

22b. ADDRESS: Osceola, Mo.

22c. DATE SIGNED: 12-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-22-1957

23c. NAME OF CEMETERY OR CREMATORY: Kings Prairie

23d. LOCATION (City, town, or county) (State): Gerster Mo

24. FUNERAL DIRECTOR ADDRESS: Goodrich & Home Osceola Mo

25. DATE RECD. BY LOCAL REG.: 12-20-57

26. REGISTRAR'S SIGNATURE: Frank Beevers

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed J. B. [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 3038
P. O. Address Osceola Ne[illegible]

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.