

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-035695  
 State File No. ....

FILED OCT 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 486

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>53 years</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>340 N. Henderson</b>		e. STREET ADDRESS (If rural, give location) <b>0167 340 N. Henderson</b>	
3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>Tellis</b> c. (Last) <b>Bridges</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 6, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 10, 1887</b>
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman - Lumber</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman - Lumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Vienna, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Young Bridges</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline McBride</b>	
14. NAME OF HUSBAND OR WIFE <b>Della Bridges</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>490-05-4964</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Della Bridges</b> ADDRESS <b>Cape Girardeau, 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES <b>Arteriosclerosis, generalized</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  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? <b>2</b> 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) <b>4201</b>	
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 <b>April 1947</b> , to <b>Oct. 6, 1958</b> , that I last saw the deceased alive on <b>Oct. 6, 1958</b> , and that death occurred at <b>7:10a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edward O. Campbell M.D.</b> (Degree or title)		23b. ADDRESS <b>Cape Girardeau, Mo.</b>	
23c. DATE SIGNED <b>10-7-58</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Oct. 8, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ford &amp; Sons</b> ADDRESS <b>Cape Girardeau, Mo.</b>	
26. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Oct. 17, 1958</b>		27. REGISTRAR'S SIGNATURE <b>Mr. Homer Cooper</b>	

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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 *W. J. Ford*.....

Licensed Embalmer No. *5057*

P. O. Address *Cape Girardeau*

-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.