

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037525
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 395

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY ST FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FARMINGTON 0941		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Spring St.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) SPRING ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALCESTA BRIDGES			4. DATE OF DEATH Month Day Year OCT. 22 1958		
5. SEX female	6. COLOR OR RACE colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 27 1899		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (City and state or country) COFFMAN MO.	
10c. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME CHARLES DOUTHIT		13b. MOTHER'S MAIDEN NAME MARIA FRANKS	
13c. NAME OF HUSBAND OR WIFE FREEMAN BRIDGES		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT ALFREDA BRIDGES FARMINGTON MO.		17. INFORMANT Address		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Adenocarcinoma of Pancreas					INTERVAL BETWEEN ONSET AND DEATH 5 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					157X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 Jan 19 58 to 10-22-58 and last saw her live on 10-22-58 Death occurred at 7:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. E. Conleton, M.D.			22b. ADDRESS Farmington, Mo		22c. DATE SIGNED 10-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 26 1958	23c. NAME OF CEMETERY OR CREMATORY Masonic		23d. LOCATION (City, town, or county) (State) FARMINGTON MO.
24. FUNERAL DIRECTOR ADDRESS COZEAN FARMINGTON MO.		25. DATE RECD. BY LOCAL REG. Oct. 27, 1958		26. REGISTRAR'S SIGNATURE Esther Rudloff	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

NOV 9 1958

JAN 28 1959

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 *Chapman*

Licensed Embalmer No. *4094*
P. O. Address *Fayette Mo*

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.