

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022164

FILED JUL 8 1959 Registration District No. 209 Primary Registration District No. 3043 STATE FILE NUMBER Registrar's No. 186

300
1-57

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shady Lawn Lodge		Length of stay in lb 0648 STREET ADDRESS (If outside, give location) 316 North Fifth	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT HARRY BRIDGEFORD			4. DATE OF DEATH Month Day Year June 25, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 22, 1875
9. AGE (In years last birthday) 84		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) Merchant Retired		10b. KIND OF BUSINESS OR INDUSTRY Clothing	11. BIRTHPLACE (City and state or country) Hannibal Missouri
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Edwin Bridgeford	
13b. MOTHER'S MAIDEN NAME Rachel Nicklin		14. NAME OF HUSBAND OR WIFE Lulu May Fugua Bridgeford (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes Spanish American		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles Bowles Hannibal Missouri		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) Terminal bronchial pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of rectum			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154X			
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 AT 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 Hannibal		COUNTY STATE	
21. I attended the deceased from Dec. 17, 1957 to 6/25/59 and last saw ^{him} her alive on 5/18/59 Death occurred at 7:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ed. Murphy</i> (Degree or title) M.D.		22b. ADDRESS 100 N. 6th, Hannibal, Missouri	
22c. DATE SIGNED 6/27/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/27/1959	
23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal Missouri	
24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 7-1-1959	
26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Luke by H. C. Fisher</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *H. Crawford Smith*

Licensed Embalmer No.....2814.....

P. O. Address....Hannibal, Missouri.....

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.