

FILED VS OCT 13 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-033737 113

Registration District No. 13 Primary Registration District No. 3003 STATE FILE NUMBER
Registrar's No. 334

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1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett | | c. CITY OR TOWN Monett | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp. | | d. STREET ADDRESS (If outside, give location) N. Central | |
| Length of stay in 1b 60 Yrs. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN C. BRIDGES | | | 4. DATE OF DEATH Month Day Year Sept. 30, 1960 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 1, 1895 |
| 9. AGE (In years last birthday) 65 | | 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) Retired Frisco Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Oskaloosa, Iowa |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME William F. Bridges | |
| 13b. MOTHER'S MAIDEN NAME Jennie Lyon | | 14. NAME OF HUSBAND OR WIFE Pearl Bridges | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) Yes | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT William Bridges Address Monett, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary insufficiency DUE TO (c) 4201 | | | INTERVAL BETWEEN ONSET AND DEATH about 4 hrs. 7 yrs. |
| 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 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 COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw him dead Sept 30, '60 Death occurred at _____ 12 30 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Robert P. Doolley M.D. | | 22b. ADDRESS Monett, Mo. | 22c. DATE SIGNED 10/3/60 |
| 23a. BURIAL, CREMATION, REBURYAL (specify) Burial | 23b. DATE 10/2/60 | 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. | 23d. LOCATION (City, town, or county) (State) Monett, Mo. |
| 24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-3-60 | 26. REGISTRAR'S SIGNATURE Mr. P. A. Cook |

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Rev. 10-12-60

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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 *J. P. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, 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.