

No. 300
10-48

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15649**

BIRTH NO. _____ REG. DIST. NO. **L37** PRIMARY REG. DIST. NO. **4218** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (In this place) 70 years		d. STREET ADDRESS (If rural, give location) 305 S. Tebo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 S. Tebo			

3. NAME OF DECEASED (Type or Print) a. (First) LURANIA b. (Middle) ELLIOTT c. (Last) BRIDGES			4. DATE OF DEATH (Month) (Day) (Year) June 6, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH unknown		9. AGE (In years last birthday) unknown		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady	
11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Mo		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Walter T. Bridges	
13b. MOTHER'S MAIDEN NAME Emma A. Lamb		14. NAME OF HUSBAND OR WIFE James E. Bridges		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 495 07 2048		17. INFORMANT'S SIGNATURE OR NAME Abbe Elliott, Windsor, Mo		18. CAUSE OF DEATH	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Chronic Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 1/2 yrs	
II. 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 4222	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **6-1**, 19**57** to **6-6**, 19**54** that I last saw the deceased alive on **June 5, 1954**, and that death occurred at **6:10 am**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Remington (Degree or title) M.D.		23b. ADDRESS Windsor, Mo		23c. DATE SIGNED June 7, 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-7-54		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
24d. LOCATION (City, town, or county) (State) Windsor Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner		ADDRESS Windsor, Mo	
DATE REC'D BY LOCAL REG. June 7-54		REGISTRAR'S SIGNATURE Florence Adair			

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed William M. Furner

Licensed Embalmer No. 4648

P. O. Address Windsor, Me

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 this body is not embalmed, fact should be so stated above.