

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24309

State File No.

FILED AUG 12 1953

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 6373 Registrar's No. 41

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| 1. PLACE OF DEATH a. COUNTY <u>Dekalb</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dekalb</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural <i>Camden</i></u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural <i>Camden</i></u> <u>0320</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>Two miles south east of town</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>Lucas</u> c. (Last) <u>Bradford</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-15-1953</u> | | |
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|---------------------------------------|---|---|---|---|---|--|
| 5. SEX <u>Male</u> <u>0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Mar. 16, 1886</u> | 9. AGE (in years) (last birthday) <u>57</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dekalb County</u> <u>0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Henry Bradford</u> | 13b. MOTHER'S MAIDEN NAME <u>Charity Foster</u> | 14. NAME OF HUSBAND OR WIFE <u>Bessie Bradford</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Bradford</u> | ADDRESS <u>Maysville Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>3 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular etc.</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Benign Hypertrophy of prostate</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>6'10" X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
|---|---|-----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 7-12 1953, to 7-15, 1953, that I last saw the deceased alive on 7-12, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>James F. Sweizer M.D.</u> | 23b. ADDRESS <u>Maysville, Mo.</u> | 23c. DATE SIGNED <u>8-5-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-17 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Christian Chapel</u> | 24d. LOCATION (City, town, or county) (State) <u>Weatherby Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>8-4-53</u> | REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u> | 52 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Beason Maysville Mo.</u> | ADDRESS |
|--|--|-----------|--|----------------|

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

20
1

SEP 17 1954

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

John Brown
.....
Licensed Embalmer No. *3933*

P. O. Address

Wayville

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.