FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27343

Registration District No. 494 — Primary Registration District No. 3056 — Registrar's No. 220

1. PLACE OF DEATH:
(a) County [redacted] Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mc Connick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Addie Lee Bradley
3. (b) If veteran, name war ..... 3. (c) Social Security No. 1
4. Sex Female 1 — 5. Color or race white — 6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Keith C Bradley — 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Aug 13 (Month) 1898 (Day) (Year)

8. AGE: Years 50 — Months 0 — Days 5 — If less than one day ..... hr. ..... min.

9. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Hwf.
11. Industry or business .....
FATHER
12. Name W. L. Evans
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Florence Wayland
15. Birthplace ..... (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant K. C. Bradley
(b) Address Clark - Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19. 1948 (Month) (Day) (Year)
(c) Place of burial or cremation Mt. Horeb
18. (a) Signature of funeral director Barnes & Boothe
(b) Address Stingeon - Mo.
19. (a) Aug 19-48 (Date received local registrar) (b) Seal Williams Iowa (Registrar's signature) 11.4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1948 hour 1:10 minute A M.
21. I hereby certify that I attended the deceased from 1945 ....., 19....., to Aug 18 1948, 19.....;
that I last saw her alive on 1:10 A, 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory Failure	12 hrs.
Due to Myocardial Infarct	12 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature O. L. Carroll Jr (M. D. or other) 120
Address Stingeon Mo Date signed 18 Aug 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 8-48-148
Date Filed AUG 23 1948

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed A. E. Booth

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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 this body is not embalmed, fact should be so stated above.