

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18547**

FILED JUL 12 1949

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 39

521

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Monett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>205 - E - Wishart</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sherman</u> b. (Middle) <u>Charles</u> c. (Last) <u>Bradley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>6-28-1889</u>		9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freeco Engineer</u>	
11. BIRTHPLACE (State or foreign country) <u>Cassville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	

13a. FATHER'S NAME <u>John Nelson Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Tyra Hesse</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Bradley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-07-1511</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Bradley</u> ADDRESS <u>Monett, Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary disease</u> ANTECEDENT CAUSES <u>Myocardial infarction</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERNAL BETWEEN ONSET AND DEATH <u>2 yrs 2</u> <u>5 yrs</u> <u>U2 11</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 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 2/10, 1948, to 6-15, 1948, that I last saw the deceased alive on 6-15, 1948, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Reindt MD</u>		23b. ADDRESS <u>Monett Mo</u>		23c. DATE SIGNED <u>7/5/49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>2007</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett Mo.</u>					

DATE REC'D BY LOCAL REG. <u>7-8-49</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett Warrington</u> ADDRESS <u>Monett Mo</u>	
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RECEIVED

District Health Officer No. 6;

District File Number 749-802

Date Filed 7-9-49

NOV 19 1953

JUL 18 1949

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.

Signed St Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4218

P. O. Address Monett Missour

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.