

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30705

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove Rural</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi South West Van Buren Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. South West</u>	
3. NAME OF DECEASED a. (First) <u>Murphy</u> b. (Middle) <u>Bradley</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-4-1949</u>	
5. SEX <u>M W</u>	6. COLOR OR RACE _____	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 15-1865</u>
9. AGE (In years last birthday) <u>84</u> Months <u>6</u> Days <u>29</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Tipton Mo</u>	
13a. FATHER'S NAME <u>John Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>	
13c. NAME OF HUSBAND OR WIFE <u>Julia</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Julia Bradley - Oak Grove Mo</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile dementia of cerebral arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Styphens neck of brain</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
19c. DATE 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) <u>Aug 1 1949 m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall from bed.</u>	
22. I hereby certify that I attended the deceased from <u>1947</u> , 19 <u>49</u> to <u>Aug-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug-1</u> , 19 <u>49</u> and that death occurred at <u>4-6</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Oak Grove Mo 9-8-49</u>	
23c. DATE SIGNED		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 5-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Koger Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Grove RFD. Mo</u>	
DATE REC'D BY LOCAL REG. <u>SEPT. 6, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Mo 9-8-49 with 8 m Blue Springs Mo</u>	

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

SEP 13 RECD

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

*R B Webb*

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.