

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31374**

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

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5952</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spencer</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spencer Township Rural</u>		3. <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles South Curryville</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles south Curryville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Bradley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 7, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 29, 1874</u>	
9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR (Month) (Day) <u>10 7</u>		11. UNDER 1 HR. (Hour) (Min.) <u>0 5</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mattoon, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Alexander Bell Wheat</u>			13b. MOTHER'S MAIDEN NAME <u>John Thomas Bradley</u>			14. NAME OF HUSBAND OR WIFE <u>John Thomas Bradley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Bradley, Curryville, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson's Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>350X</u>	
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. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK? (Specify) 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 <u>Oct 10, 1947</u> to <u>Sept 7, 1949</u> , that I last saw the deceased alive on <u>Sept 7, 1949</u> , and that death occurred at <u>3:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deed or title) <u>Sam B. Riggs M.D.</u>				23b. ADDRESS <u>Bowling Green Mo.</u>		23c. DATE SIGNED <u>9-8-49</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sep 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-10-49</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		25. SIGNATURE OF DECEASED'S SIGNATURE <u>W. W. Dean</u>		ADDRESS <u>Vandalia, Missouri</u>	

RECEIVED SEP 16 1948
District Health Officer No: 10
District File Number 7-49-1604
Date Filed SEP 16 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.