

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39988

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 184

1. PLACE OF DEATH  
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, write RURAL and give township) Washington Twp  
c. LENGTH OF STAY (In this place) 9-3-7

c. CITY (If outside corporate limits, write RURAL and give township) Butler BUTLER 0

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3

d. STREET ADDRESS Rural

3. NAME OF DECEASED  
a. (First) E. D. b. (Middle) Bradley c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) 11-27-1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4-20-1888

9. AGE (In years last birthday) 61

IF UNDER 1 YEAR Months Days  
IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME Eugene Bradley

13b. MOTHER'S MATHEN NAME Ida Lemmy

14. NAME OF HUSBAND OR WIFE Luette Bradley Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Bradley Butler Mo

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) Cerebral Arteriosclerosis  
ANTECEDENT CAUSES  
Morbidity 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  
332X

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 6-1-1946 to 11-27-1949, that I last saw the deceased alive on 11-27-1949, and that death occurred at 5:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS State Hospital #3

23c. DATE SIGNED 11-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-29-49

24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery

24d. LOCATION (City, town, or county) (State) Butler, Mo.

DATE REC'D BY LOCAL REG. Nov. 29, 1949

REGISTRAR'S SIGNATURE Ruth H. Evans

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Underwood Butler, Mo.

(If Grand Inquest's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 11-49-1454

Date Filed 12-12-49

**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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.