

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43367

State File No. \_\_\_\_\_

FILED JAN 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6105 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mt Pleasant 50yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mt Pleasant 49</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Bible Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Near Bible Grove</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cose</u> b. (Middle) <u>S</u> c. (Last) <u>Bradley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 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>April 18 1888</u>		9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR: Days <u>0</u> Hours <u>25</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Scotland Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>		13a. FATHER'S NAME <u>Thomas A Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie De Vall</u>	
14. NAME OF HUSBAND OR WIFE <u>Goldie M Bradley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Goldie M. Bradley</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</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>Asthma of long standing</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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min) _____		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 Jan 18, 1949, to May 13, 1949, that I last saw the deceased alive on May 13, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.M. Keethler D.O.</u>		23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>5-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bible Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bible Grove Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leslie Baskitt</u>		ADDRESS <u>Memphis Mo</u>	

DATE REC'D BY LOCAL REG. <u>5/28/49</u>		REGISTRAR'S SIGNATURE <u>W.M. Baker 407</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leslie Baskitt</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 1 1950  
District Health Officer No. 10  
District File No. ~~1-28-21~~ 1950  
Date Filed \_\_\_\_\_

**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 Albert C. Girth

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4257

P. O. Address Memphis 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.