No. 300
10.48

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 761

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 82

380
1

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

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 701 North High

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Gentry 0380
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry 0
d. STREET ADDRESS (If rural, give location): 701 North High st

3. NAME OF DECEASED (Type or Print)
a. (First): Mary b. (Middle): Elizabeth c. (Last): Bradshaw.

4. DATE OF DEATH (Month) (Day) (Year): January 29 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed. 2
8. DATE OF BIRTH: 8-28-1871
9. AGE (In years last birthday): 78 — IF UNDER 6 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryville Nodaway County 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Miller
13b. MOTHER'S MAIDEN NAME: Sarah Wardlow.
14. NAME OF HUSBAND OR WIFE: James Bradshaw.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Everett Bradshaw, Stanberry 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Cecum + Colon — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

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.: 153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* Jan 29, 1950, *that I last saw the deceased alive on* Jan 29, 1950, *and that death occurred at* 12:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. J. Milligan DO
23b. ADDRESS: S Stanberry Mo
23c. DATE SIGNED: 1-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial. ()
24b. DATE: Jan-31-1950
24c. NAME OF CEMETERY OR CREMATORY: High Ridge
24d. LOCATION (City, town, or county) (State): Stanberry Gentry Co Missouri.

DATE REC'D BY LOCAL REG.: Feb 1950
REGISTRAR'S SIGNATURE: Mrs Edith Childs 430
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Evan Johnson Stanberry Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 6 1950
DISTRICT
HEALTH OFFICE
AMERON, MO.

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~~

J. Evan Johnson

Student Embalmer No. ✓

working under my personal supervision. ✓

Student .....
Student Embalmer

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry Missouri

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. ✓