

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24271
Registrar's No. 111

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u> <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>CLARENCE</u> b. (Middle) <u>HUGH</u> c. (Last) <u>BRADSHAW JR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 23 50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 31-1932</u>
9. AGE (In years last birthday) <u>18</u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Paysonville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clarence Hugh Bradshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Lora Mildred Colbert</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, of service) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>L. H. Bradshaw, Clarksville</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.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8850</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) _____			<u>420</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>menagerie</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Clarksville Pike Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 23 1950 7P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Boat Capsize</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>dead</u> on <u>July 24</u> , 1950, and that death occurred at <u>7P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. O. Wood</u> (Degree or title) <u>3 coroner</u>		23b. ADDRESS <u>Baseling Green Mo</u>	
23c. DATE SIGNED <u>July 24 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 26/50</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>	
DATE REC'D BY LOCAL REG <u>7-26-50</u>		REGISTRAR'S SIGNATURE <u>Duda Richard</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey Carroll</u>		ADDRESS <u>Clarksville Mo</u>	

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

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 July 24-1950

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller
.....
Licensed Embalmer No. 3364

P. O. Address Elsham, 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.