No. 300
10.48

1690

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

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27598

State File No.

BIRTH NO. REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS
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): E. CALDWELL ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS 0690
d. STREET ADDRESS (If rural, give location): E. CALDWELL ST.

3. NAME OF DECEASED (Type or Print): a. (First) LUCY b. (Middle) D. c. (Last) BRADLEY

4. DATE OF DEATH (Month) SEPT. (Day) 7 (Year) 1950.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 22, 1889
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 0 Days 13 — 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: OWN HOME
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: NATHANIEL GREENUP
13b. MOTHER'S MAIDEN NAME: LUCY F. HELM
14. NAME OF HUSBAND OR WIFE: A. R. BRADLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: A. R. BRADLEY, ADDRESS: PARIS, MO

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: UK.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Diabetes Mellitus — UK.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 260X

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* March 10, 1944, *to* Sept. 7, 1950, *that I last saw the deceased alive on* Aug. 15, 1950, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Barnett (Degree or title) M.D.
23b. ADDRESS: PARIS, MO.
23c. DATE SIGNED: 9-8-50,

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-9-50
24c. NAME OF CEMETERY OR CREMATORY: PLEASANT HILL CEM.
24d. LOCATION (City, town, or county) (State): MONROE CO., MO.

DATE REC'D BY LOCAL REG.: 9-8-50
REGISTRAR'S SIGNATURE: J. A. Barnett M.D. 835
25. FUNERAL DIRECTOR'S SIGNATURE: Speed & Blakey, ADDRESS: PARIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1 19

Date Received:
DISTRICT HEALTH OFFICE
District File Number 9-5'0
Date Filed: SEP 1 2 1950

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 E. E. Agnew,
Licensed Embalmer No. 4000
P. O. Address PARIS, 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.