

No. 300  
10.48

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34281**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **4386** Registrar's No. **40**

2750

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

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clatsop County</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Thayer</b>	c. LENGTH OF STAY (in this place) <b>18 Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Thayer</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>AARON</b> b. (Middle) <b>CHARLES</b> c. (Last) <b>BRADFORD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 19, 1872</b>		9. AGE (In years last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Williamstown, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Spencer Bradford</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Spacht</b>		14. NAME OF HUSBAND OR WIFE <b>Caroline L. Bradford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ida Freed Williamstown, Ohio</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardite -</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>	
	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.			<b>4222</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **8-3-** **1950**, to **10-19-** **1950**, that I last saw the deceased alive on **10-18**, **1950**, and that death occurred at **4:00 A.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. P. Ellison</b> (Degree or title) <b>D.O. 2, Thayer Mo.</b>		23b. ADDRESS	23c. DATE SIGNED <b>10-25-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 21, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Center Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mt. View, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Nov 1-50</b>	REGISTRAR'S SIGNATURE <b>Gella Cross</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Deland Carter</b>	ADDRESS <b>Thayer, Mo.</b>
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RECEIVED

NOV 6 1950

DISTRICT HEALTH OFFICE No. 6

File No. ....

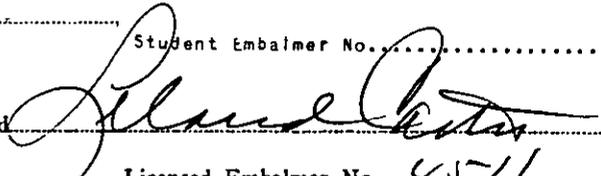
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed



Signed.....  
Student Embalmer

Licensed Embalmer No. 45-16

P. O. Address *Hayward*

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.