

STANDARD CERTIFICATE OF DEATH

State File No. 39930

FILED DEC 27 1950

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 465

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Piedmont, Mo. 0120	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hosp..			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MONROE c. (Last) BRADSHAW			4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1950	
----------------------------------------------------------------------------------------------	--	--	-------------------------------------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5, 1868	9. AGE (In years last birthday) 82	10. IF UNDER 1 YEAR Months 8	10. IF UNDER 1 YEAR Days 0	10. IF UNDER 1 YEAR Hours 0	10. IF UNDER 1 YEAR Min.
-------------	------------------------	----------------------------------------------------------------	--------------------------------	------------------------------------	------------------------------	----------------------------	-----------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re-section Foreman	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.	11. BIRTHPLACE (State or foreign country) Fults, Ill.	12. CITIZEN OF WHAT COUNTRY?
----------------------------------------------------------------------------------------------------------------	-------------------------------------------------	-------------------------------------------------------	------------------------------

13a. FATHER'S NAME George Bradshaw	13b. MOTHER'S MAIDEN NAME Susan Drury	14. NAME OF HUSBAND OR WIFE Cinderella
------------------------------------	---------------------------------------	----------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Margaret V. Middleton... ADDRESS Piedmont, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure		
	DUE TO (c) Internal Hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cause unknown			7824

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
----------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from Dec 5, 1950, to Dec 5, 1950, that I last saw the deceased alive on Dec 5, 1950, and that death occurred at 11 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. H. Johnson (Degree of title)	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 12-11-50
------------------------------------------------	------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 12/7/50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Fults, Ill.
-----------------------------------------	-------------------	------------------------------------	-----------------------------------------------------------

DATE REC'D BY LOCAL REG. Dec 12 - 1950	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GISH FUNERAL HOME... PIEDMONT, Mo.
----------------------------------------	------------------------------------------	-----------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1230

W. H. Johnson

RECEIVED

DEC 20 1950

BUTLER CO. HEALTH CENTER

FILE No. 1250-496.

FEB 27 1951

JAN 4 1951

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..... *Norman W. Gish* .....

Signed.....

Student Embalmer

Licensed Embalmer No. 3387

P. O. Address. Piedmont, 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.