D . 300	II EILEN TANLIN TOPA		THE DIVISION OF HEALTH OF MISSOURI		41867		
.48	FLED JAN 10 1951	STANDARD CERTII	State File No.				
	BIRTH NO	REG. DIST. NO. 6	PRIMARY REG. DIST. NO.	42 Registrar's No	. 168		
70	1. PLACE OF DEATH a. COUNTY Riple	;	2. USUAL RESIDENCE C	Where deceased lived. If is b. COUNTY F	natitution: residence before Ripley adminsion).		
•	b. CITY (If outside corporate limits, write RURAL and give OR township) STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR				
RECORD	d. FULL NAME OF GL not in hours!	tal or institution, give street address or location)		give location)	Tb V & V O		
	INSTITUTION		II ADDRESS	south of C	xly /		
	3. NAME OF B. (First) DECEASED	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)		
Į,	(Type or Print) Earnes		Bradshaw	DEATH Dec. 8	1950		
PERMANENT	5. SEX 6. COLOR OR 9 Male 0 White	WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH July 29, 1872	last hirthday) Months	TO THAN OF SHOER IS HES. Hours Min.		
RM	10a. USUAL OCCUPATION (Give kind of done during most of working life, even if re	f work 10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign o	ountry)	12. CITIZEN OF WHAT		
PE	Farmer	Farm	Mayfield Ky. /		COUNTRY?		
◀	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN		TE OF HUSBAND OR WI			
8	John Bradshaw 15. was deceased ever in u.s. ar	Susie Ford MED FORCES? 16. SOCIAL SECURITY	M1n 17. INFORMANT'S SIGNA	nie Bradsha			
MAKE	(Yes, no, or unknown) (If yes, give war or	r dates of service) Unknown No.	Minnie Bradsh		ADDRESS MO.		
INK	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (b) Au (c) (c) (d) (d) (d) (d) (d) (d)						
СК	*This does not mean ANTECEDENT CAUSES						
BLAC	the mode of dying, such Morbid con as heart failure, asthenia, rise to the a ctc. It means the dis-						
- 1	etc. It means the dis-	DUE TO (c)			_		
UNKADING	Chriditions	SIGNIFICANT CONDITIONS contributing to the death but not e disease or condition causing death.		1,	331X		
74		FINDINGS OF OPERATION			20. AUTOPSY?		
:		nou			YES NO L		
2000	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about hoppe, farm, fastoppetreet, office bldg., stc.)	21c. (CITY, TOWN, OR TOWNSHIP	(COUNTY)	(STATE)		
	21d. TIME (Month) (Day) (Yes	SP) (Efour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCUR?	•			
LLAIN LI	22. I hereby certify that I attended the deceased from WC 3, 195D, to ble 8, 195 C that I last saw the deceased alive on ble 8, 1950, and that death occurred at 9 m, from the causes and on the date stated above.						
- 11	23a. SIGNATURE	Degree or title)	236. ADDRESS	v ma	23c. DATE SIGNED		
WRITE	24a, BURIAL, CREMA- 24b, DATE TION, REMOVAL (Specify)			FION (City, town, or cou	nty) (Sinte)		
:	Burlal /1 12/1	0/50 Antioch Cem	etery NOx1				
	12-14-2 BEG REGISTRA		Gish Funeral	- · · - · · - · · -	lor, Mo.		
Œ		(i-may E-balance 6	tetement on Reverse Side)				

RECEIVED

JAIL 8 1951

DISTRICT HEALTH OFFICE NO the No.

STATEMENT	BY	LICENSED	EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of the	is certificate was emb	almed by me, or by
Orking under my personal supervision	Melarty	_ Student Embalmer	No. 387

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Feilure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.