

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4419

BIRTH NO. 75733-50 REG. DIST. NO. 124 PRIMARY REG. DIST. NO. 2000 Registrar's No. 123-A

1. PLACE OF DEATH
a. COUNTY **GREENE**
b. CITY OR TOWN **Springfield**
c. LENGTH OF STAY (in this place) **1 hr.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Burge Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **Polk**
c. CITY OR TOWN **Goodson, Mo**
d. STREET ADDRESS **0840**

3. NAME OF DECEASED (Type or Print)
a. (First) **HARRY** b. (Middle) **Gene** c. (Last) **BRADSHAW**
4. DATE OF DEATH (Month) (Day) (Year) **2-14-51**
5. SEX **MALE** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED**
8. DATE OF BIRTH **Oct. 27 - 1950** 9. AGE (In years last birthday) **4** # UNDER 1 YEAR Months **4** # UNDER 1 YEAR Days **4** # UNDER 1 MRS. Hours **4** Mln. **4**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **---** 10b. KIND OF BUSINESS OR INDUSTRY **---**
11. BIRTHPLACE (State or foreign country) **Polk Co, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Audie Bradshaw** 13b. MOTHER'S MAIDEN NAME **Jewell Haney** 14. NAME OF HUSBAND OR WIFE **---**
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. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **Ma Audie Bradshaw** ADDRESS **Goodson, Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **acute Bronchopneumonia** INTERVAL BETWEEN ONSET AND DEATH **1 day**
ANTECEDENT CAUSES **acute Nasopharyngitis** **5 day**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **491X**
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. **---**

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) **---** 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 **2-14-51**, 19**51**, to **2-14-51**, 19**51**, that I last saw the deceased alive on **2-14-51**, 19**51**, and that death occurred at **4:00pm.**, from the causes and on the date stated above.

23a. SIGNATURE **E. J. Schwartz M.D.** (Degree or title) **U** 23b. ADDRESS **609 Cherry, Springfield** 23c. DATE SIGNED **2-19-51**
24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **2-16-51** 24c. NAME OF CEMETERY OR CREMATORY **Hopewell cem.** 24d. LOCATION (City, town, or county) (State) **Polk Co Mo**

DATE REC'D BY LOCAL REG. **2-20-51** REGISTRAR'S SIGNATURE **W E Handley M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Vaughan - Rees** ADDRESS **Urban, Mo.**

WRITE PLAINLY—USING UNFADEING 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Allen W. Vaughan*

Licensed Embalmer No. *4156*

P. O. Address *Urban, Ind.*

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.