No. 300
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FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22804

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WRIGHT MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GRUNDY 0402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON 0
d. STREET ADDRESS (If rural, give location): 304 De Bolt Street

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

4. DATE OF DEATH (Month) (Day) (Year): JULY 26, 1951

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1

8. DATE OF BIRTH: Nov. 11, 1880

9. AGE (In years last birthday): 70
If under 1 year: Months 8 Days 15
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONDUCTOR

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): TROY, NEW YORK 1

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: ARTHUR W. BRADLEY

13b. MOTHER'S MAIDEN NAME: EMMELINE RUNDELL

14. NAME OF HUSBAND OR WIFE: MABEL 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.: 707-16-6029

17. INFORMANT'S SIGNATURE OR NAME: Mrs Mabel Bradley
ADDRESS: 304 DeBolt Trenton

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria Sclerosis — 1 year
DUE TO (c) and Bronchial Asthma

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: 331X

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 July 22 1951, to July 26, 1951, that I last saw the deceased alive on July 24 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): E. A. Duffy M.D.
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: July 28-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/29/51
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): TRENTON, MISSOURI

DATE REC'D BY LOCAL REG.: 7-29-51
REGISTRAR'S SIGNATURE: Irene Davis
25. FUNERAL DIRECTOR'S SIGNATURE: Charles D. Sigman
ADDRESS: TRENTON, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 2 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

FEB 14 1957

AUG 14 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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles D. Lizeson

Licensed Embalmer No. 3109

P. O. Address TRENTON, MISSOURI

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.