

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27487**

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u> <u>0520</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u> <u>0560</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Gibson Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u> <u>0560</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Jesse</u>		a. (First) <u>Jesse</u>		b. (Middle) <u>Bradshaw</u>		c. (Last) <u>Bradshaw</u>	
5. SEX <u>M</u> <u>0</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>May-10-1864</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR <u>3</u> Months <u>3</u> Days		IF UNDER 1 HR. <u>15</u> Hours <u>15</u> Min.		4. DATE OF DEATH <u>Aug -25 - 1951</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
11a. BIRTHPLACE (State or foreign country) <u>Independence, Missouri.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Rufus Bradshaw</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Sulzner Bradshaw</u>			
15. DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Bradshaw</u>				17. ADDRESS <u>Edina</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				4500			
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) (Min.)	
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 <u>June 30, 1951</u> , to <u>Aug 25, 1951</u> , that I last saw the deceased alive on <u>Aug 25, 1951</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Henry J. Stewart</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Edina, Mo</u>		23c. DATE SIGNED <u>8/28/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-28-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lewistown</u>		24d. LOCATION (City, town, or county) (State) <u>Lewistown, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 29-51</u>		REGISTRAR'S SIGNATURE <u>Will S. Nunat</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u>		ADDRESS <u>Edina Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-57-1577
Date Filed: SEP 5 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.....
Student Embalmer

Signed

Keith Anderson

Licensed Embalmer No. 2415

P. O. Address *Edina, Ma*

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.