

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH.

State File No. **33353**

FILED OCT 16 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **521**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor 11220	
d. FULL NAME OF HOSPITAL OR INSTITUTION 312 N. Main		d. STREET ADDRESS (If rural, give location) 312 N. Main	
3. NAME OF DECEASED (Type or Print) a. (First) VERNON b. (Middle) E c. (Last) BRADLEY			4. DATE OF DEATH (Month) (Day) (Year) Oct. 2 1951
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 12, 1901
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Carl Bradley		13b. MOTHER'S MAIDEN NAME unknown	
13c. NAME OF HUSBAND OR WIFE Nadine C. Bradley		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-09-5775	
17. INFORMANT'S SIGNATURE OR NAME Mr. E. Bradley		17. ADDRESS 3847 Wyandotte St. E. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Myocarditis 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 4201	
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) (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 1938 , 19____, to 1951 , 19____, that I last saw the deceased alive on 10-1-51 , 19____, and that death occurred at 6:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leo Windsor		23b. ADDRESS Windsor Mo.	
23c. DATE SIGNED 10-3-51		24a. BURIAL, CREMATION REMOVAL (Specify) Burial	
24b. DATE 10-5-51		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
24d. LOCATION (City, town, or county) (State) Windsor, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Horton Turner	
DATE REC'D BY LOCAL REG. Oct 5-51		REGISTRAR'S SIGNATURE Florence Adair	
25. FUNERAL DIRECTOR'S ADDRESS Windsor, Missouri		25. FUNERAL DIRECTOR'S ADDRESS	

RECEIVED OCT 15 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 15 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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.