

FILED NOV 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 36545  
Registrar's No. 324

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> <u>0145</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>835 Westminster Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>Raymond</u> a. (First) b. (Middle) c. (Last) <u>Bradford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 30-1914</u>
9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (If kind of work during most of working life, or if retired) <u>House Man College Fraternity</u>	11. BIRTHPLACE (State or foreign country) <u>Indianapolis, Ind</u>
12. CITIZENSHIP (What country?) <u>U.S.A.</u>		13. FATHER'S NAME <u>Clayton Bradford</u>	
14. MOTHER'S M maiden name <u>Lucille Scott</u>		15. NAME OF HUSBAND OR WIFE <u>Jennie Mae Bradford</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>321-16-0557</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u> <u>right sided failure</u> ANTECEDENT CAUSES 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.  INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4341</u>	
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 <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>11/30</u> 19 <u>45</u> , to <u>11/19</u> 19 <u>51</u> , that I last saw the deceased alive on <u>11/19</u> 19 <u>51</u> , and that death occurred at <u>509 1/2</u> hrs., from the causes and on the date stated above.			
23a. SIGNATURE <u>George J. Wood</u> (Degree or title)		23b. ADDRESS <u>614 Market St</u> <u>Fulton, Mo.</u>	
23c. DATE SIGNED <u>11/24/51</u>		24. BURIAL, CREMATION, OR REMOVAL (Specify)	
24a. DATE <u>Nov 21-51</u>		24b. NAME OF CEMETERY OR CREMATORY <u>South Side</u>	
24c. LOCATION (City, town, or county) <u>Fulton</u>		24d. LOCATION (City, town, or county) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 21-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ch. Bell</u>		ADDRESS <u>Fulton, Mo.</u>	

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

0143

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 29 1951

RECEIVED

NOV 9 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 \_\_\_\_\_

*Harry T. Bell*

Student Embalmer No. *403*

working under my personal supervision.

Student *Harry T. Bell*  
Student Embalmer

Signed *Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.