

STANDARD CERTIFICATE OF DEATH

State File No. **7265**

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5041** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Flat Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Flat Creek Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Eliza Ellen	b. (Middle) Bradley	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 20, 1952
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 20, 1860	9. AGE (In years last birthday) Months Days Hours Min. 91 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Cooper Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U SA
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13a. FATHER'S NAME J.W. Batten	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE T.M. Bradley (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George E. Bradley Cassville, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conjunctive Heart Failure		
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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Mar. 19, 1952, to Mar. 19, 1952, that I last saw the deceased alive on Mar. 20, 1952, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE Glenn H. Sawyer M.D.	23b. ADDRESS Cassville Mo.	23c. DATE SIGNED 3/20/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 23, 1952	24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery	24d. LOCATION (City, town, or county) (State) Sarcoxie Missouri
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DATE REC'D BY LOCAL REG. 3-28-1952	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. E. Culver - Cassville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

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.