

STANDARD CERTIFICATE OF DEATH

17547

State File No.

FILED MAY 19 1952

BIRTH NO.		REG. DIST. NO. 291	PRIMARY REG. DIST. NO. 4433	Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY PUTNAM 0860		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM 0860			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE 0			
c. LENGTH OF STAY (in this place) 83 YRS.		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First) BRADSHAW	b. (Middle)	c. (Last)	
4. DATE OF DEATH MAY 6, 1952		5. SEX FEMALE / 6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUGUST 11, 1864		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) DAVIS COUNTY, IOWA /	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JAMES R. RICHARDSON			
13b. MOTHER'S MAIDEN NAME SALINA ABERNATHY		14. NAME OF HUSBAND OR WIFE RANSOM I. BRADSHAW			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ALJO RANES UNIONVILLE, MISSOURI	
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) Degenerative myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Chronic glomerular nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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		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 12-26, 1951, to 5-6, 1952, that I last saw the deceased alive on 5-3, 1952, and that death occurred at 10:25 P.M., from the causes and on the date stated above.					
23a. SIGNATURE P. W. McDonald		23b. ADDRESS 2. Kennell Mo		23c. DATE SIGNED 5-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-9-52		24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE, CEMETERY	
24d. LOCATION (City, town, or county) (State) UNIONVILLE, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COL. STOKES FUNERAL HOME BY John H. Connel Unionville, Mo.			
DATE REC'D BY LOCAL REG. 5-15-52		REGISTRAR'S SIGNATURE Marcell Durbin			

(Licensed Embalmer's Statement on Reverse Side)

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

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

John N. Comstock

.....
Licensed Embalmer No. 3891

P. O. Address Unionville, 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.