

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21338

State File No. ....  
 Registrar's No. .... 155

BIRTH NO. .... REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370

0740  
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearmont</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maitland 0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallin Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> b. (Middle) <u>BRADLEY</u> c. (Last) <u>BRADLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED—NEVER MARRIED, WIDOWER DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>March 29, 1869</u>	9. AGE (In years last birthday) 82-2-19	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Ballard Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Baettinger</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. R. Bradley</u> ADDRESS <u>Hamburg, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u>		ANTECEDENT CAUSES		<u>3 days</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Myocardial Infarction</u>			
		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>			
		II. OTHER SIGNIFICANT CONDITIONS			
		<u>Senility</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 March 8, 1949 to June 18, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Harvill Ford M.D.</u>		23b. ADDRESS <u>Elmo, Mo</u>		23c. DATE SIGNED <u>June 18, 52</u>	
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24a. BURIAL CEMETERY (Name and removal number) <u>Burial</u>		24b. DATE <u>June 19, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>English Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfax Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-28-52</u>		REGISTRAR'S SIGNATURE <u>Kear</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schleser</u> ADDRESS <u>Funeral Home Fairfax Mo</u>	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

*Marvin W. Scholer*

Signed.....

Student Embalmer

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Missou*

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.