

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25512

| | | | | | | | |
|---|----------------------------------|--|--|---|--|---|------------------------------------|
| BIRTH NO. <u>124</u> | | REG. DIST. NO. <u>316</u> | | PRIMARY REG. DIST. NO. <u>6075</u> | | Registrar's No. <u>241</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> <u>09403</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> <u>RURAL St. Francois</u> | | c. LENGTH OF STAY (In this place) <u>0940</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Leadington</u> | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Power Plant - State Hospt. No.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>None</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BRADBURY</u> | | b. (Middle) <u>R.</u> | | c. (Last) <u>STRAUGHAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1952</u> | |
| 5. SEX <u>Male</u> <input type="radio"/> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 1, 1900</u> | | 9. AGE (In years last birthday) <u>52</u> | 10. MONTHS <u>4</u> | 11. DAYS <u>15</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automotive Driver at State Hospt. 4</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmington, Mo.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francois County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James Straughan</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ida Holmes</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nina Archer</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>488-09-5488</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arrow injury verdict. came to his death due to being accidentally electrocuted.</u> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>electrocuted.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9147</u> <u>46</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>094</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office, etc.) <u>State Hospt. #4</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farmington St. Francois, Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 16, 1952 8:45</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW OLD INJURY OCCURRED <u>Coming in for a check, with machine which was charged with 440 volts of electricity</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Bert Miller</u> | | | (Degree or title) <u>Coroner</u> | | 23b. ADDRESS <u>Farmington, Mo</u> | | 23c. DATE SIGNED <u>7/30/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 18, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>July 31, 1952</u> | | REGISTRAR'S SIGNATURE <u>Ether Reddick</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks Funeral Home, Flat River, Mo.</u> | | | |

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

AUG 6 1952

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 *Wm. J. Murphy*

Licensed Embalmer No. 41336

P. O. Address. St. Louis, 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.