

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8733**

FILED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **30**

071

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY OR TOWN Butler		c. CITY OR TOWN Rockville	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LEROY b. (Middle) --- c. (Last) BRADLEY			4. DATE OF DEATH March 21, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1874	9. AGE (in years) last birthday 78	IF UNDER 1 YEAR Months 11 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salvage worker (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Salvage business	11. BIRTHPLACE (City and State or Foreign Country) Caldwell County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John F. Bradley		13b. MOTHER'S MAIDEN NAME Sarah Catherine Bennett		14. NAME OF HUSBAND OR WIFE Florella Seright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florella Bradley, Rockville, Mo.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis		
	DUE TO (c) renal hypertension		
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 592X		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.) B		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 **Oct 1, 1952**, to **3-21, 1953**, that I last saw the deceased alive on **3-20, 1953** and that death occurred at **6 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. D. LaHue (Degree or title) MD		23b. ADDRESS Butler, Mo		23c. DATE SIGNED 3-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 26, 1953		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Richmond, Mo.					

DATE REC'D BY LOCAL REG Mar 22-53		REGISTRAR'S SIGNATURE Rendall Perry 17-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thurman Funeral Home Richmond, Mo.	
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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 *Robert E. Steinbuch* _____

Licensed Embalmer No. *4657* _____

P. O. Address *Bethesda, Md* _____

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.