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FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14054

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1915

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 13 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, NORTH 1
d. STREET ADDRESS (If rural, give location): 5300 EAST 46TH STREET

3. NAME OF DECEASED (Type or Print): a. (First) KERMIT b. (Middle) COE c. (Last) BRADLEY
4. DATE OF DEATH (Month) (Day) (Year): APRIL 7 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JULY 9 1918
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EMPLOYEE - BOILERMAKER
10b. KIND OF BUSINESS OR INDUSTRY: FORD AIRCRAFT PLANT
11. BIRTHPLACE (City and State or Foreign Country): OCHETA OKLAHOMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: COE BRADLEY
13b. MOTHER'S MAIDEN NAME: LAURA HEIMGARDNER
14. NAME OF HUSBAND OR WIFE: MRS. WILLA MAE BRADLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 490-16-7286
17. INFORMANT'S SIGNATURE OR NAME: MRS. WILLA MAE BRADLEY — ADDRESS: 5300 E. 46TH ST. K.C. NORTH MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — 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)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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* 10:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo. C. Kealhofer (Degree or title) — His Deal by Ind Deputy Coroner
23b. ADDRESS: 4050 Broadway K.C. Mo
23c. DATE SIGNED: 4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR. 10 1953
24c. NAME OF CEMETERY OR CREMATORY: WHITE CHAPEL MEM. GARDENS
24d. LOCATION (City, town, or county) (State): NORTH KANSAS CITY, MO.

DATE REC'D BY LOCAL REG.: 4-10-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. Newcomer's Sons — ADDRESS: 1331 BROSH CREEK KANSAS CITY, MO.

(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 Robert E. Hesson

Licensed Embalmer No. 4849

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.