No. 300
10.48

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18461

State File No. 76

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 76

492

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webb City
c. LENGTH OF STAY (in this place) 50yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 313 North Hall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webb City 6492
d. STREET ADDRESS (If rural, give location) 313 North Hall St. 0

3. NAME OF DECEASED (Type or Print)
a. (First) MARTHA
b. (Middle) JANE
c. (Last) BRADSHAW

4. DATE OF DEATH (Month) (Day) (Year) May 28, 1953

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH February 24, 1885
9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 3 Days 4 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and State or Foreign Country) JasperCo. Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George West
13b. MOTHER'S MAIDEN NAME Lucy Morgan
14. NAME OF HUSBAND OR WIFE

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. 495-07-1719
17. INFORMANT'S SIGNATURE OR NAME Chester A. Bradshaw ADDRESS Webb City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of gall bladder — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 153X
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* Apr. 16, 1953, *to* May 28, 1953, *that I last saw the deceased alive on* May 25, 1953, *and that death occurred at* 8:10Am., *from the causes and on the date stated above.*

23a. SIGNATURE O M Ferguson (Degree or title) MD
23b. ADDRESS Webb City, Missouri
23c. DATE SIGNED 5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 31, 1953
24c. NAME OF CEMETERY OR CREMATORY Sterling Cemetery
24d. LOCATION (City, town, or county) (State) Jasper County, Missouri

DATE REC'D BY LOCAL REG. 5-28-'53
REGISTRAR'S SIGNATURE Mrs. Madeline Switzer 474
25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis ADDRESS Webb City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-1-53
Jasper County Health Office
County File Number 53-6-477
Date Filed 6-1-53

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 Leonard J. Lewis Jr.
Licensed Embalmer No. 4561
P. O. Address Webb City, M

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.