

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34866

State File No.

No. 300
10-48

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4551 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>WRIGHT.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HART Twp.</u>		c. LENGTH OF STAY (in this place) <u>78 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HART.</u>		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R.R. 1. No. Norwood</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>LARNER</u> c. (Last) <u>BRADSHAW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 9 53</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-20-1875</u>
9. AGE (In years last birthday) <u>78</u>	10. MONTHS <u>6</u>	10. DAYS <u>20</u>	9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Will BRADSHAW</u>		13b. MOTHER'S MAIDEN NAME <u>SENATH BRUTON</u>	
14. NAME OF HUSBAND OR WIFE <u>LAURA.</u>			
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>NO NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Kidd</u>		17. ADDRESS <u>NORWOOD, 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>Cerebral Haemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1952</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebrovascular</u> 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 <u>331 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <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 <u>Sept 1</u> , 1953, to <u>Sept 9</u> , 1953, that I last saw the deceased alive on <u>Sept 7</u> , 1953, and that death occurred at <u>3:00 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Mountain View</u>	
23c. DATE SIGNED <u>Sept 12 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-11-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Steele mem.</u>		24d. LOCATION (City, town, or county) (State) <u>HARTVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>9-16-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hartville</u>	

(Revised 1-15-53) (Continued on Reverse Side)

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

40
1

RECEIVED SEP 19 1953
WRIGHT CO. HEALTH DEPT.
County File Number 953-124
Date Filed 9-9-53

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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address marshfield 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.