

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38371**

FILED DEC 2 - 1953

BIRTH NO.

REG. DIST. NO. **43**PRIMARY REG. DIST. NO. **3007**Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		e. STREET ADDRESS (If rural, give location) Route 2	
3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) John	c. (Last) Bradley
4. DATE OF DEATH	(Month)	(Day)	(Year)
	11	19	53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 30, 1912
9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS.	IF UNDER 1 MIN.
41	Months	Days	Hours
			15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harry Bradley	
13b. MOTHER'S MAIDEN NAME Lydia Leach		14. NAME OF HUSBAND OR WIFE Lorene Bradley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498 07 9584	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lorene Bradley Poplar Bluff 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma bowel ANTECEDENT CAUSES (origin as carcinoma ascending colon) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Colon) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. metastasis		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma bowel		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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	153 X
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 January 16, 1953, to November 19, 1953 , and that death occurred at 9:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Audrey A. Murrain MD		23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 11/20/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-22-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
DATE REC'D BY, LOCAL REG. 11/27/53	REGISTRAR'S SIGNATURE R. G. Murrain	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

This man was operated at Barnes
Hospital, St. Louis, Mo. In type of
Carcinoma consult necropsy at
Barnes Hosp. St. Louis, Mo.

RECEIVED

NOV 30 1953
BUTLER CO. HEALTH CENTER

FILE No. _____

Althaus

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 _____
Signature of Student Embalmer

Signed *Joseph R. Matlock*

Licensed Embalmer No. *482*

P. O. Address *Regular Bluff*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.