No. 300
10-48

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40124

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 414

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Perry Twp.
c. LENGTH OF STAY (in this place) 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre RFD #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 0940 0
d. STREET ADDRESS (If rural, give location) Bonne Terre RFD #2

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) Wesley
c. (Last) Radford

4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1953

5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH July 31 1911
9. AGE (In years last birthday) 42 — IF UNDER 1 YEAR Months 3 Days 28 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Black, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Benjamin W. Radford
13b. MOTHER'S MAIDEN NAME Annie Montgomery
14. NAME OF HUSBAND OR WIFE Hazel Irene Leftridge

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. unknown
17. INFORMANT'S SIGNATURE OR NAME Hazel Irene Leftridge, FFD #2 Bonne Terre, Mo. ADDRESS

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) Pulm Tbc — INTERVAL BETWEEN ONSET AND DEATH unk

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. Pulm hemorrhage

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 002X
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* 11-20, 1953, *to* 11-21, 1953, *that I last saw the deceased alive on* 11-20, 1953, *and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE H. C. Gaebe (Degree of title) MD 0
23b. ADDRESS Desloge Mo
23c. DATE SIGNED 12-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/29/53
24c. NAME OF CEMETERY OR CREMATORY Germany Cemetery
24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.

DATE REC'D BY LOCAL REG. Dec. 4, 1953
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE C. Y. Boyer & Son. ADDRESS Desloge Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1954

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge Wa

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

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