

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44016

State File No.

FILED JAN 11 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 462

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>BONNE TERRE</u>	c. LENGTH OF STAY (in this place) <u>30 m.a.</u>	c. CITY OR TOWN <u>Leadwood</u>	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 <u>BONNE TERRE HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>I</u> c. (Last) <u>Bradley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24 1953</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>SEPT. 21, 1909</u>	9. AGE (In years last birthday) <u>34</u>	10. MONTHS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WORTHAM, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>FRED BRADLEY</u>	13b. MOTHER'S MAIDEN NAME <u>MALVINA PITTS</u>	14. NAME OF HUSBAND OR WIFE <u>FLORENCE BRADLEY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR II</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FLORENCE BRADLEY LEADWOOD, MO.</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Closed head injury with cerebral lacerations</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 48</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>St. Francois MO</u> (STATE) <u>MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 24 1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Collision</u>

22. I hereby certify that I attended the deceased from Dec 24, 1953 to Dec 24, 1953, that I last saw the deceased alive on Dec 24, 1953, and that death occurred at 9:28 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Whiters, MD</u>	23b. ADDRESS <u>Farmington, Mo.</u>	23c. DATE SIGNED <u>1-3-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEADWOOD CEMETERY</u>
DATE REC'D BY LOCAL REG <u>JAN. 3, 1954</u>	REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>	24d. LOCATION (City, town, or county) (State) <u>LEADWOOD, MO.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>BERT L. BOYER</u> ADDRESS <u>LEADWOOD, MO.</u>		

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

0941

JUN 25 1954

JAN 12 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.....
Signature of Student Embalmer

Signed *William E. Bayer*.....

Licensed Embalmer No. *4730*.....

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