

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7457**  
Registrar's No. **13**

FILED MAR 8 1954

BIRTH NO. _____		REG. DIST. NO. <b>326</b>		PRIMARY REG. DIST. NO. <b>4482</b>		REGISTRAR'S NO. <b>13</b>	
1. PLACE OF DEATH a. COUNTY <b>Scotland</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Memphis</b>		c. LENGTH OF STAY (in this place) <b>14 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Mt. Pleasant</b>		0990	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle) <b>Boon</b>			c. (Last) <b>Bradley</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 1, 1954</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Sept. 21, 1879</b>	
9. AGE (in years last birthday) <b>74</b>		# UNDER 1 YEAR <b>5</b>		# UNDER 1 YEAR <b>9</b>		# UNDER 1 YEAR <b>Hours</b> <b>Min.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired farmer</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland, County 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Thomas Bradley</b>			13b. MOTHER'S MAIDEN NAME <b>Sally Duvall</b>			14. NAME OF HUSBAND OR WIFE <b>Gertrude Bradley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Gertrude Bradley,</b> ADDRESS <b>Memphis, Mo.</b>			
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) <b>Sarcoma of Tibia &amp; Fibula</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> ANTECEDENT CAUSES DUE TO (b) <b>Bruise on leg</b> DUE TO (c) <b>Kicked by a cow</b> 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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>928 1H 3</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <b>4-1-</b> , 19 <b>53</b> , to <b>3-1-</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>3-1-</b> , 19 <b>54</b> , and that death occurred at <b>4 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>A.M. Keethel D.O.</b> (Degree or title)				23b. ADDRESS <b>Memphis Mo</b>		23c. DATE SIGNED <b>3-3-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 3, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bible Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Scotland Co. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-6-54</b>		REGISTRAR'S SIGNATURE <b>Vera G. Turner</b> <b>476</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leith Barber</b>		ADDRESS <b>Memphis</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Fred. Hunt

Licensed Embalmer No. 4258

P. O. Address Murph

**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.