No. 300
10-48

STANDARD CERTIFICATE OF DEATH

State File No. 9167

BIRTH NO. FILED MAR 16 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 30

492
D

1. PLACE OF DEATH a. COUNTY: Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City c. LENGTH OF STAY (In this place): 9 Yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0492 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jane Chinn Hospital	d. STREET ADDRESS (If rural, give location): 718 West 1st St.

3. NAME OF DECEASED (Type or Print)	a. (First): Jay	b. (Middle): Wilbur	c. (Last): Bradbury	4. DATE OF DEATH (Month) (Day) (Year): March 9, 1954
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /	8. DATE OF BIRTH: Nov. 8, 1878	9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 4, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Jasper County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: No data	13b. MOTHER'S MAIDEN NAME: No data	14. NAME OF HUSBAND OR WIFE: Mary Bradbury		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME: Mary Bradbury	ADDRESS: 718 West 1st St. Webb City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Cerebral hemorrhage	4 days.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Hypertension	4yrs.
	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 331 X	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* 3-5, 1954, *to* 3-9, 1954, *that I last saw the deceased alive on* 3-9, 1954, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title): M.D. 0	23b. ADDRESS: Webb City, Mo.	23c. DATE SIGNED: 3-10-54
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 3-11-54	24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery	24d. LOCATION (City, town, or county) (State): N.E. of Alba, Missouri
DATE REC'D BY LOCAL REG.: 3-11-'54	REGISTRAR'S SIGNATURE: 474 Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE: Johnston-Arnce-Simpson, Webb City, Mo. Mortuary	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 15 1954
Jasper County Health Office
County File Number 54-3-210
Date Filed MAR 15 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 [illegible]
Licensed Embalmer No. 4463
P. O. Address [illegible], 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.