

FILED APR 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12942

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) Louisiana, Mo	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 609 N. 4th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Ronald	b. (Middle) William	c. (Last) Bradshaw	4. DATE OF DEATH (Month) (Day) (Year)
				April 14 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 23, 1949	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) Clarksville, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William W. Bradshaw	13b. MOTHER'S MAIDEN NAME Elizabeth Laird	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME William W. Bradshaw	ADDRESS Louisiana, Mo
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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 leg 8 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, frostbite pelvis + leg shock		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Accident DUE TO (c) E8120 25		
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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Louisiana Pike Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 14 54 12^{pm}	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? hit by truck
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22. I hereby certify that I attended the deceased from **4/14**, 19**54**, to **4/14/54**, 19**54**, that I last saw the deceased alive on **4/14**, 19**54**, and that death occurred at **7:50 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Middleton M.D.	23b. ADDRESS Louisiana Mo	23c. DATE SIGNED 4/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Clarksville, Mo
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DATE RECD BY LOCAL REG. April 17, 1954	REGISTRAR'S SIGNATURE Bernice Callee	25. FUNERAL DIRECTOR'S SIGNATURE McCue Funeral Service	ADDRESS Eolia, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

George D. Wagner

Licensed Embalmer No.

3773

P. O. Address

Quincy, 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.