No. 300
10.48

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14639

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter
d. STREET ADDRESS (If rural, give location): 22 North Poplar

1031

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Frank
c. (Last): Bradley

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 1, 1892
9. AGE (In years last birthday): 61 — If under 1 year: Months 8, Days 11 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: James A. Bradley
13b. MOTHER'S MAIDEN NAME: Mary E. Rawlings
14. NAME OF HUSBAND OR WIFE: Zelma Bradley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Zelma Bradley, Dexter, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 38 Calibre Pistol wound through head. — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

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: E976x
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dexter Stoddard, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 12, 1954 8:15 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self-inflicted

22. *I hereby certify that I attended the deceased from* ----- *19*____, *to* ----- *19*____, *that I last saw the deceased alive on* ----- *19*____, *and that death occurred at* 6:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray W. Rainey — (Degree or title): Coroner
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 4-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-54
24c. NAME OF CEMETERY OR CREMATORY: Dexter
24d. LOCATION (City, town, or county) (State): Dexter, Missouri

DATE REC'D BY LOCAL REG.: 4-17-54
REGISTRAR'S SIGNATURE: Helena D. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Strickland-Rainey, Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 11

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 [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

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

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