

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25894

State File No. ....

FILED JUL 26 1954

BIRTH NO. .... REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Marshall</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dallas</u> <span style="float: right;">8428</span>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>4807 Gaston Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Helen</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Bradford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 9, 1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Never Worked</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles H. Bradford</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Bradford Napton, Mo.</u> ADDRESS
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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, ashenia, 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) <u>Heat exhaustion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u> DUE TO (c) <u>Myocardial failure</u>		
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 <u>93196</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>097</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-17, 1954 to 7-22, 1954, that I last saw the deceased alive on 7-22, 1954 and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph H. Jones M.D.</u>	23b. ADDRESS <u>Marshall, Mo</u>	23c. DATE SIGNED <u>7-23-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 25, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Bark Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8724-54</u>	REGISTRAR'S SIGNATURE <u>Sidney S. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u> ADDRESS <u>Marshall, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

972  
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SEP 14 1957

JUL 10 1957

JUL 10 1957

**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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.