

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27870**

FILED **JAN 30 1954**
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BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **334**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. LENGTH OF STAY (in this place) 53 yrs.	c. CITY OR TOWN INDEPENDENCE
d. FULL NAME OF HOSPITAL OR INSTITUTION 1309 NORTH PLEASANT		e. STREET ADDRESS (If rural, give location) 1309 NORTH PLEASANT 9005	

3. NAME OF DECEASED (First) Florida (Middle) Jane (Last) Bradford	4. DATE OF DEATH (Month) AUG. (Day) 19, (Year) 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 4, 1861	9. AGE (in years last birthday) 93	if UNDER 1 YEAR: MONTHS _____ DAYS _____	if UNDER 10 MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE & GROCERY STORE	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) POTTAWATOMEE CO., KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN ADAMS	13b. MOTHER'S MAIDEN NAME REBECCA M. HEWITT	14. NAME OF HUSBAND OR WIFE DANIEL JEFFERSON BRADFORD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ANTHONY ROBINSON ADDRESS 1309 N. PLEASANT, INDEPENDENCE, 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, asthma, 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) Coronary arteriosclerosis		years
	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. Cerebral thrombosis		3 days	

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? X
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22. I hereby certify that I attended the deceased from **Aug 17, 1954**, to **Aug 19, 1954**, that I last saw the deceased alive on **Aug 17, 1954**, and that death occurred at **9:54** a.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. S. Seastake, M.D. (Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 8/19/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE AUG. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Webb City	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
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DATE REC'D BY-LOCAL REG. 8-19-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 3545 W. Newcomer's, Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 14 1955

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.....
Signature of Student Embalmer

Signed *Chester K. B. Rowen*.....

Licensed Embalmer No. *49*.....

P. O. Address *K.C. S.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.