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

FILED AUG 16 1954

STANDARD CERTIFICATE OF DEATH

29465

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>4078</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Miss</u> b. COUNTY <u>PAWOLA</u>			
b. CITY OR TOWN <u>Rural Jackson</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>8230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 61 Near Bloomsdale</u>				e. STREET ADDRESS (If rural, give location) <u>Batesville 17155</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Curtis</u> b. (Middle) _____ c. (Last) <u>Bradford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>2 Nov 1932</u>	
9. AGE (In years last birthday) <u>21</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) Months YEAR Days Hours Min. <u>21</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Batesville 17155</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>DAN BRADFORD</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA SAILES</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>427-66-6298</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Verdict Pending</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>OPEN VERDICT</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8164 26</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>095</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Ste Genevieve Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 27 1954</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto "Headon"</u>			
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 <u>5:05A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jerome H. Stauba³ Coroner</u>				23b. ADDRESS <u>Ste Genevieve Mo</u>		23c. DATE SIGNED <u>7-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 30, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Batesville 17155</u>	
DATE REC'D BY LOCAL REG. <u>July 27, 1954</u>		REGISTRAR'S SIGNATURE <u>Luille Barber</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jerome H. Stauba Ste Genevieve Mo</u>			

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.....
Jerome S. Scanton

Licensed Embalmer No. *381*

P. O. Address *St. Germaine*

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.