

STATE OF MISSOURI CERTIFICATE OF DEATH

State File No. 3688

FILED OCT 7 1954

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4455

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD I. M. Tillman

1. PLACE OF DEATH  
 a. COUNTY **Jackson**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (in this place) **1 1/2 yrs.**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Wynn's Rest Home**  
 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **Jackson**  
 c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes  No   
 STREET ADDRESS (If rural, give location) **4158 Washington 3688**

3. NAME OF DECEASED  
 a. (First) **Orbra** b. (Middle) **William** c. (Last) **Bradshaw**  
 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 19, 1954**  
 5. SEX **Male** 6. COLOR OR RACE **Col.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Sept. 8, 1884** 9. AGE (In years last birthday) Months Days Hours Min. **70**  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **R.R. Co.** 10b. KIND OF BUSINESS OR INDUSTRY **R.R. Co.** 11. BIRTHPLACE (City and State or Foreign Country) **Windsor, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Bradshaw** 13b. MOTHER'S MAIDEN NAME **Luisa President** 14. NAME OF HUSBAND OR WIFE **Pauline Bradshaw, Dec'd**  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **—** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Cecil Bradshaw, 4158 Washington**

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Hypertensive Heart Disease**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Senility**  
 DUE TO (c) **Chronic ulcer Left Leg**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH **44 1/2**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO   
 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)  
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **I. M. Tillman** (Degree or title) **Deputy Coroner** 23b. ADDRESS **M. D. 1618 Lydia Ave.** 23c. DATE SIGNED **9/20/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9/22/54** 24c. NAME OF CEMETERY OR CREMATORY **Blue Ridge Lawn** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **9-20-54** REGISTRAR'S SIGNATURE **Neva Minshall** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **West, Appleton & Jones, Inc., K.C., Mo.**

(Licensed Embalmer's Statement on Reverse Side)

0581 87 100

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 *Conrad Gleditsch*

Licensed Embalmer No. 494

P. O. Address *K. E. P. Co.*

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.