No. 300
10.48

Dr Kaiser

FILED SEP 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31351

BIRTH NO. 63561-54 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 137

0781 0

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

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
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): Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bragg City 0780
d. STREET ADDRESS (If rural, give location): Rt 2 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jeffery
b. (Middle): M
c. (Last): Bradford

4. DATE OF DEATH (Month) (Day) (Year): 8-28-54

5. SEX: M 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 8-28-54
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 12 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hayti Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harald Bradford
13b. MOTHER'S MAIDEN NAME: Gilberta Northern
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Harald Bradford
ADDRESS: Bragg City 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): Atelectasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity (6 month gestation)
DUE TO (c): Premature labor & delivery

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. etiol unknown

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7625
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) m.
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* 8-28, 1954, *to* 8-28, 1954, *that I last saw the deceased alive on* 8-28, 1954, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. D. Kaiser (Degree or title): M.D. 0
23b. ADDRESS: Hayti, Mo
23c. DATE SIGNED: 8-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-29-54
24c. NAME OF CEMETERY OR CREMATORY: Mt Zion
24d. LOCATION (City, town, or county) (State): Steele Mo

DATE REC'D BY LOCAL REG.: 9-1-54
REGISTRAR'S SIGNATURE: John W. German 4067
25. FUNERAL DIRECTOR'S SIGNATURE: German Undt Co
ADDRESS: Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

9-21-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

9-15-54

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 Not Embalmed, working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.