

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32812

State File No.

FILED OCT 8 1954

 BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6181 Registrar's No. 19

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Sullivan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Penn Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Penn Twp. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home 1 mi. West of Green | | d. STREET ADDRESS (If rural, give location) City 1 mi. W. of Green City | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Emily b. (Middle) E. c. (Last) Bradford | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1954 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH July 9, 1858 |
| 9. AGE (In years, Months, Days) 98 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Farm home | 11. BIRTHPLACE (State or foreign country) Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME James Campbell | | 13b. MOTHER'S MAIDEN NAME Jane Dorson | 14. NAME OF HUSBAND OR WIFE Henry H. Bradford |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora Miller, Green 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION: 392 X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Sept 20, 1954 , to October 1, 1954 , that I last saw the deceased alive on Sept. 24, 1954 , and that death occurred at 9:25 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE R. D. Smith D.O. (Degree or title) | | 23b. ADDRESS Green City, Mo | 23c. DATE SIGNED Oct 1, 1954 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 4, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Hawkeye Cemetery | 24d. LOCATION (City, town, or county) (State) Sullivan Co., Mo. |
| DATE REC'D BY LOCAL REG. 10-6-'54 | REGISTRAR'S SIGNATURE Agnes L. Page | 504- 0 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter E. Feat & Son, Green City, Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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

copy to [unclear] [unclear]

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 *Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.