

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4654

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 747

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) Kansas City		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3446 Kensington		STREET ADDRESS (If rural, give location) 3446 Kensington			

3. NAME OF DECEASED (Type or Print) a. (First) REYNOLD		b. (Middle) L.		c. (Last) BRADLEY		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1955	
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 7, 1884		9. AGE (In years last birthday) Months Days Hours Min. 61	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office		11. BIRTHPLACE (City and State or Foreign Country) Moberly, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Milton W. Bradley		13b. MOTHER'S MAIDEN NAME Mimie Spurling		14. NAME OF HUSBAND OR WIFE Erma M. Bradley	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Erma M. Bradley		ADDRESS 3446 Kensington	
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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, asthenia, 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) Myocardial Infarction					
		ANTECEDENT CAUSES DUE TO (b) Coronary Arteriosclerosis					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May, 1954 to Feb 17, 1955, that I last saw the deceased alive on Feb 16, 1955, and that death occurred at 5:00P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Justice</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>315 Nichols Road K.C. Mo.</u>		23c. DATE SIGNED <u>Feb 18, 1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/18/55		24c. NAME OF CEMETERY OR CREMATORY Capital		24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
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DATE REC'D BY LOCAL REG. <u>2-18-55 neva trinsball</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Max Berry - Justice
VA. 3243

Exp - 5:00 PM

L. F. Luke's

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.....

Licensed Embalmer No. 4811

P. O. Address Kansas City

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.