

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 3 1955

State File No. 5202

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY, (if outside corporate limits, write RURAL and give township) Independence		c. CITY OR TOWN Independence	
c. LENGTH OF STAY (in this place) 7 yrs		d. Residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cable Rest Home		STREET ADDRESS (If rural, give location) 204 So. Chrysler 7005	

3. NAME OF DECEASED a. (First) Louvelia b. (Middle) A c. (Last) Bradford			4. DATE OF DEATH (Month) (Day) (Year) Feb-21-1955		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unwed	8. DATE OF BIRTH 2 March-3-1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 11 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Wayne Co. Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John F. Henson		13b. MOTHER'S MAIDEN NAME Maryann Burgess		14. NAME OF HUSBAND OR WIFE George J. Bradford	
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. 493-464-387		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Myrtle O. Brown, Bolivar, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Arteriosclerotic Heart disease with congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH Not determined.	
		ANTECEDENT CAUSES			
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		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		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) (m.)		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 12-7-1954 to 2-21-1955, that I last saw the deceased alive on 2-20-1955, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest Granger, M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 2/27/55	
24. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE Feb. 22-55		24c. NAME OF CEMETERY OR CREMATORY Henson Cemetery	
				24d. LOCATION (City, town, or county) (State) Lenexa Illinois	

DATE REC'D BY LOCAL REG. 2-22-55		REGISTRAR'S SIGNATURE R. R. Speaks		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS R. Speaks Indeg. Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *R. Kenneth Patterson*.....

Licensed Embalmer No. *469*.....

P. O. Address *Evansville, Ind.*.....

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.