

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8926

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY NEW MADRID 3		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY OR TOWN NEW MADRID-R. 29 YEARS		c. CITY OR TOWN RURAL-NEW MADRID 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MILES E. NEW MADRID		d. STREET ADDRESS (If rural, give location) 3 MILES N. EAST NEW MADRID	

3. NAME OF DECEASED (Type or Print) MARKS EDWARD BRADLEY			4. DATE OF DEATH April-3-55		
5. SEX M.O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV-19-1906	9. AGE (In years last birthday) 48	9. AGE (In years) 4 MONTHS 7 DAYS 14 HOURS 14 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MC EWEEN TENN	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME J.A. BRADLEY		13b. MOTHER'S MAIDEN NAME ANNIE DOLAN		14. NAME OF HUSBAND OR WIFE LUCILLE BRADLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 488-28-9282		17. INFORMANT'S SIGNATURE OR NAME Lucille Bradley New Madrid	
				ADDRESS New Madrid	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accident - Boat overturn			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Drained by heater			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E850X 38			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 0720	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Back water of river	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid, New Madrid, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 H. H. Hedges (Degree or title) Coroner	23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED 4/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5 APRIL 55	24c. NAME OF CEMETERY OR CREMATORY EVERGREEN	24d. LOCATION (City, town, or county) (State) NEW MADRID, Mo.
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DATE REC'D BY LOCAL REG. 4/4/55	REGISTRAR'S SIGNATURE Tommy H. Robert	25. FUNERAL DIRECTOR'S SIGNATURE Richard's Undertaking Co.	ADDRESS New Madrid, 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
Student Embalmer

Signed

Henry E. Roberts

Licensed Embalmer No. *4886*

P. O. Address *New Market,*

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.