

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16302**

FILED MAY 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **113**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		STREET ADDRESS (If rural, give location) <b>Rural, Sugar Creek</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dudley</b> b. (Middle) <b>H</b> c. (Last) <b>Bradley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 6<sup>th</sup> 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sep-21-1889</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Coal mine</b>	9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>15</b> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal mine</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Dudley Bradley</b> 13b. MOTHER'S MAIDEN NAME <b>Martha Jennings</b> 14. NAME OF HUSBAND OR WIFE <b>Hattie E.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Dk. Bradley Rt. 1, Moberly, Mo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 da</b> ANTECEDENT CAUSES DUE TO (b) <b>Anterior surface</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	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 <b>May 6<sup>th</sup> 1955</b> to <b>May 6<sup>th</sup> 1955</b> , that I last saw the deceased alive on <b>May 6<sup>th</sup> 1955</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Moberly Missouri</b>	23c. DATE SIGNED <b>May 7-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-8-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>
24d. LOCATION (City, town, or county) (State) <b>Moberly Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mahon and Son, Moberly, Mo</b>	
DATE REC'D BY LOCAL REG. <b>5-8-55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> ADDRESS	

MS DEC 14 1951

JUL 8 1955

JUL 22 1955

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..... *Frank O De Witt*

Licensed Embalmer No. 302

P. O. Address *Proberly*

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.