

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38961**

| | | | | | | | | |
|---|--|---|---|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 184 | | PRIMARY REG. DIST. NO. 3038 | | Registrar's No. 570 | | |
| 1. PLACE OF DEATH a. COUNTY Linn | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Linn | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Brookfield | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN Brookfield | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 120 Market | | | | e. STREET ADDRESS (If rural, give location) 120 Market 0570 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CARLOS b. (Middle) NATHANIEL c. (Last) BRADLEY | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct-31-1955 | | | | | |
| 5. SEX M | | 6. COLOR OR RACE A. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | | 8. DATE OF BIRTH July-29-1902 | | |
| 9. AGE (In years last birthday) 53 | | IF UNDER 1 YEAR Months 3 Days 2 | | IF UNDER 24 HRS. Hours 2 Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during major working life, even if retired) laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Proctor Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Gas. B. Bradley | | | 13b. MOTHER'S MAIDEN NAME Margt. D. Richardson | | 14. NAME OF HUSBAND OR WIFE Rosa Bradley | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Margt. Bradley ADDRESS Brookfield 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 min | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201 | | | | | | |
| | | 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) Brookfield Mo | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 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 _____, 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 (Degree or title) Jaim B. McCalland Coroner | | | | 23b. ADDRESS Brookfield Mo | | 23c. DATE SIGNED 11/2/55 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-3-55 | | 24c. NAME OF CEMETERY OR CREMATORY Rose Hill | | 24d. LOCATION (City, town, or county) (State) Brookfield Mo | | |
| DATE REC'D BY LOCAL REG. 11-3-55 | | REGISTRAR'S SIGNATURE W. B. Brown | | 25. FUNERAL DIRECTOR'S SIGNATURE J. H. Blacklock | | ADDRESS Brookfield Mo | | |

(Licensed Embalmer's Statement on Reverse Side)

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

6.300
0.48

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 *J. H. Blacklock*.....

Licensed Embalmer No. *224*

P. O. Address *Brookfield*

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.