

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED APR 3 - 1956

State File No. **12101**

REG. DIST. NO. **355**

PRIMARY REG. DIST. NO. **6205**

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 355		PRIMARY REG. DIST. NO. 6205		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY NEWAY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Spgs. Star Rt.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Pierce Twp. Clear Spgs. Twp.		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 Field Close to Home				• STREET ADDRESS (If rural, give location) Willow Springs Star Route 1070					
3. NAME OF DECEASED (Type or Print) a. (First) RICHMOND			b. (Middle) EROY		c. (Last) BRADFORD		4. DATE OF DEATH (Month) (Day) (Year) March 26, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 11, 1899		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Texas County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Bradford			13b. MOTHER'S MAIDEN NAME Mary Boone			14. NAME OF HUSBAND OR WIFE Mary Pruitt Bradford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. 500-09-7462		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Bradford Willow Springs,				
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) basal skull fracture				INTERVAL BETWEEN ONSET AND DEATH instant	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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) accident		21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) field near home		21c. (CITY, TOWN, OR TOWNSHIP) Clear Springs Twp. (COUNTY) Missouri (STATE) Mo.					
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? while cutting timber					
22. I hereby certify that I attended the deceased from Mar. 26, 1956 to 19 , that I last saw the deceased alive on 19 , and that death occurred at 4:30 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE James L. Gentry (Degree or title) Coroner				23b. ADDRESS Cabool, Missouri		23c. DATE SIGNED 3-26-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/29/56		24c. NAME OF CEMETERY OR CREMATORY Clear Springs		24d. LOCATION (City, town, or county) (State) Clear Springs, Missouri			
DATE REC'D BY LOCAL REG. 4-3-56		REGISTRAR'S SIGNATURE James L. Gentry			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burns - Willow Springs, Mo.				

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

9561 81 NHP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Fred W. Barnes
Signed..Fred W..Barnes.....

Licensed Embalmer No...46

P. O. AddressWillow..Spr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.