

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH15214  
State File No. \_\_\_\_\_BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 332 PRIMARY REG. DIST. NO. 3074 Registrar's No. 73

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>SCOTT</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>SIKESTON</u>		c. LENGTH OF STAY (In this place)		a. STATE <u>MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 FLETCHER</u>		e. STREET ADDRESS <u>506 FLETCHER</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SIKESTON</u>		b. COUNTY <u>SCOTT</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>EPHRIAM</u>	b. (Middle) <u>JESSE</u>	c. (Last) <u>BRADLEY</u>	4-15-56				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 21 1871</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>24</u>	Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOSEPH BRADLEY</u>		13b. MOTHER'S MAIDEN NAME <u>CLEOPATRA BURR</u>		14. NAME OF HUSBAND OR WIFE <u>RUBY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. E. Bradley - Sikeston Mo</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Metastasis from Carcinoma of Breast.</u>				<u>2 years</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u>					
		DUE TO (c) <u>—</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>179x</u>				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) (Minute) <u>Mar 19 57</u>		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 <u>27 Sept 1955</u> , to <u>15 Apr 1956</u> , that I last saw the deceased alive on <u>Mar 19 1956</u> , and that death occurred at <u>3:00 P. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Prosser</u>			23b. ADDRESS <u>Sikeston Mo.</u>			23c. DATE SIGNED <u>24 Apr 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>		
DATE REC'D BY LOCAL REG. <u>4-25-56</u>		REGISTRAR'S SIGNATURE <u>Miss Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

29

DATE RECEIVED MAY 1 1956  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 652-102

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

*Raymond Lewis*

Licensed Embalmer No.

*3467*

P. O. Address

*Sikeston Mo.*

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.