

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1956

State File No. **17163**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5834** Registrar's No. **45**

| | | | |
|------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Newton 0730 | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Marion) | | c. CITY OR TOWN Joplin | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) Route # 2, Joplin, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 2, Joplin, Mo. | | | |

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|----------------------------------------|-------------|--------------------------|--------------------|-----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Lucinda | b. (Middle) | c. (Last) Bradley | (Month) May | (Day) 10 | (Year) 1956 |

| | | | | | | | |
|----------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------|-------------------------------------------|------------------------|------------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 2-7-1874 | 9. AGE (In years last birthday) 82 | if UNDER 1 YEAR Months | if UNDER 12 HRS. Hours | if UNDER 1 MIN. Mins. |
|----------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------|-------------------------------------------|------------------------|------------------------|-----------------------|

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|--------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Waywood Co., N. C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|--------------------------------------------|

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|----------------------------------------|---------------------------------------------------|-------------------------------------------------|
| 13a. FATHER'S NAME Marion Green | 13b. MOTHER'S MAIDEN NAME Elizabeth Messer | 14. NAME OF HUSBAND OR WIFE Andy Bradley |
|----------------------------------------|---------------------------------------------------|-------------------------------------------------|

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|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. R. B. Martin, Joplin # 2 | ADDRESS |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------|

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| 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 10yrst |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis - gen-erized - Cerebral, Cardiovascular - Renal - | | |
| | II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Senility | | |

| | | |
|------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION 442x | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|

| | | |
|------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 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) m. | 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 **Feb, 1946, to May 10, 1956**, that I last saw the deceased alive on **Apr 26, 1956**, and that death occurred **11:50Am.**, from the causes and on the date stated above.

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|----------------------------------------------|----------------------------------|---------------------------------|
| 23a. SIGNATURE George H. Wood M. D. O | 23b. ADDRESS Carthage, Mo | 23c. DATE SIGNED 5011-56 |
|----------------------------------------------|----------------------------------|---------------------------------|

| | | | |
|---------------------------------------------------------|--------------------------|------------------------------------------------------------|-------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-13-56 | 24c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery | 24d. LOCATION (City, town, or county) (State) Diamond, Mo. |
|---------------------------------------------------------|--------------------------|------------------------------------------------------------|-------------------------------------------------------------------|

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|-----------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|---------|
| DATE REC'D BY LOCAL REG. 5-18-56 | REGISTRAR'S SIGNATURE Melvin C. Bowman | 25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo. | ADDRESS |
|-----------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|---------|

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

223
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RECEIVED

District Health Officer No. Newton
District File Number 556-78
Date Filed MAY 29 1956

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.....
Licensed Embalmer No.
P. O. Address

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.