

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20038

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. 4168 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY De Kalb

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY De Kalb

b. CITY (If outside corporate limits, write RURAL and give township) Maysville
c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN Maysville
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION MAINT POLIC ST.

e. STREET ADDRESS (If rural, give location) 701 S. WATER 0320

3. NAME OF DECEASED
a. (First) JAMES b. (Middle) KIRBY c. (Last) BRADSHAW
4. DATE OF DEATH (Month) (Day) (Year) JUNE 27 1956

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH OCT 23, 1883 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CITY MANSHAW & COLLECTOR
10b. KIND OF BUSINESS OR INDUSTRY PUBLIC OFFICE
11. BIRTHPLACE (City and State or Foreign Country) Gowen Missouri
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME JAMES L. BRADSHAW
13b. MOTHER'S MAIDEN NAME MARY ANN JORDAN
14. NAME OF HUSBAND OR WIFE BLANCH BRADSHAW

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. 404499-3-5932
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Blanch Bradshaw Maysville, 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
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.

INTERVAL BETWEEN ONSET AND DEATH 2 hours

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE Tommy Bradshaw (Degree or title) _____ 23b. ADDRESS Maysville, Mo 23c. DATE SIGNED 6/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6/27 24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery 24d. LOCATION (City, town, or county) (State) Gowen, Mo.

DATE REC'D BY LOCAL REG. 6-30-56 REGISTRAR'S SIGNATURE Rosine Davidson 25. FUNERAL DIRECTOR'S SIGNATURE Newton-Burman ADDRESS 315 E. 10 St. St. Joseph, Mo

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

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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..... *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *215 So 10th St*

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.