

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23248

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5387</u>		Registrar's No. <u>47</u>			
1. PLACE OF DEATH a. COUNTY <u>Reynolds County, Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Cathoil Twp.</u> )		c. LENGTH OF STAY (in this place) <u>85</u>		c. CITY OR TOWN <u>Boss, Missouri</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>230</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osage Township Reynolds Co</u>				e. STREET ADDRESS (If rural, give location) <u>Osage Township, Dentl Co. Missouri</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pleasant</u> b. (Middle) <u>Henry</u> c. (Last) <u>Radford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1956</u>						
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>April 10, 1871</u>			
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Pat Radford</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Onsboy</u>			14. NAME OF HUSBAND OR WIFE <u>Esabel Radford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearly Radford, Boss, Missouri</u>			ADDRESS _____	
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) <u>generalized arteriosclerosis</u> ANTECEDENT CAUSES <u>senility</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> 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 <u>6 yrs</u>		
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>1946</u> , 19 <u>  </u> , to <u>6-29-56</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>5-14</u> , 19 <u>56</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>6-30-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boss, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boss, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-30-56</u>		REGISTRAR'S SIGNATURE <u>R. E. Mitchell, MD by [Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Salem Mo</u>					

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

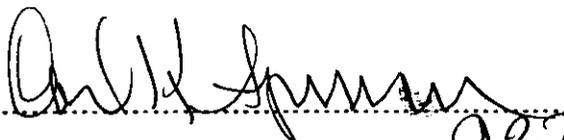
(Licensed Embalmer's Statement on Reverse Side)

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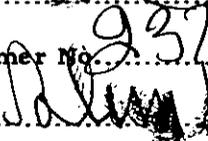
**STATEMENT BY LICENSED EMBALMER**

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.....  


Licensed Embalmer No. 237

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.