FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40575
STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 5116 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bourbon Township — Inside Limits Yes X No ☐	c. CITY OR TOWN Clark 01.00 — Inside Limits Yes ☐ No X
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ---------- — Length of stay in lb 82 yrs.	d. STREET ADDRESS (If outside, give location) RFD 2 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print)	First: Colman	Middle: W.	Last: Bradley	4. DATE OF DEATH	Month 12 Day 22 Year 1956
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Oct. 4, 1874	9. AGE (In years last birthday): 82	IF UNDER 1 YEAR Months 2 Days 18 — IF UNDER 24 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agriculture	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Boone County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Hampton Bradley		14. MOTHER'S MAIDEN NAME: Sarah Ellen McCauley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 497-42-0460	17. INFORMANT Address: Keith Bradley, Clark, Mo. RFD 2			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH 4 M

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypostatic Pneumonia — 3 H

DUE TO (c) Atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 18, 1956, to 12-22-56 and last saw her him alive on 12-22-56

Death occurred at 3:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Henry J Stewart D.O.	22b. ADDRESS: Sturgeon, Mo	22c. DATE SIGNED: 12-24-56
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Dec. 24, 1956	23c. NAME OF CEMETERY OR CREMATORY: Riggs Union Cemetery
23d. LOCATION (City, town, or county) (State): Boone Co., Missouri		
24. FUNERAL DIRECTOR ADDRESS: Bill G Meador Sturgeon, Missouri	25. DATE RECD. BY LOCAL REG.: Dec 28. 1956	26. REGISTRAR'S SIGNATURE: Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 .....Richard A. Norton....., Student Embalmer No..54

working under my personal supervision..

Student Richard A. Norton
Signature of Student Embalmer

Signed Bill J. Mesdor

Licensed Embalmer No. 48

P. O. Address Sturgeon, M

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.