

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40970**

FILED DEC 24 1956

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **163**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY OR TOWN Bunceton	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) 2 Weeks		STREET ADDRESS (If rural, give location) R.F.D. 0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.			
3. NAME OF DECEASED (Type or Print) a. (First) Betty		b. (Middle) Bradley	
		c. (Last) Harned	
		4. DATE OF DEATH (Month) (Day) (Year) December 18 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23" 1867
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Return Lafayette Bradley		13b. MOTHER'S MAIDEN NAME Marion Clark	
		14. NAME OF HUSBAND OR WIFE Ben Harned	
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. -----	
17. INFORMANT'S SIGNATURE OR NAME Miss Marcia Harned,		ADDRESS Bunceton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease with Congestive Heart Failure	
		INTERVAL BETWEEN ONSET AND DEATH 2 Weeks	
		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. Probable Multiple Pulmonary Infarcts.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H221	
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) 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 11-24-56 , 19___, to 12-18-56 , 19___, that I last saw the deceased alive on 12-17-56 , 19___, and that death occurred at 4:02 m., from the causes and on the date stated above.			
23a. SIGNATURE B. W. Stuart, M.D.		(Degree or title)	
23b. ADDRESS 329 Main, Boonville Mo.		23c. DATE SIGNED 12/20/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 20, 1956	
24c. NAME OF CEMETERY OR CREMATORY Bunceton Masonic		24d. LOCATION (City, town, or county) (State) Bunceton, Missouri.	
DATE REC'D BY LOCAL REG. 12/20/56		REGISTRAR'S SIGNATURE D. Hooper	
25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller,		ADDRESS Boonville, Mo.	

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

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... *William W. Wood*

Licensed Embalmer No... 4539

P. O. Address Boonville, M

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.