

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41370

STATE FILE NUMBER

5225

FILED DEC 31 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5225

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4720 E 6th St</b>			Length of stay in lb <b>Life</b>		d. STREET ADDRESS <b>4720 E 6th St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>HOWARD</b> Middle <b></b> Last <b>BRADSHAW Jr</b>				4. DATE OF DEATH Month <b>December</b> Day <b>1</b> Year <b>1956</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept 19 1931</b>		9. AGE (In years last birthday) <b>25</b> IF UNDER 1 YEAR: Months <b></b> Days <b></b> IF UNDER 24 HRS.: Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Metal Polisher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Kitchen utensils Rival Mfg. Co</b>			11. BIRTHPLACE (City and state or country) <b>Independence Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Howard Bradshaw Sr</b>				14. MOTHER'S MAIDEN NAME <b>Helen Ann Schultz</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>494-30-2911</b>		17. INFORMANT Address <b>Mrs Nancy Lee Bradshaw 4720 E 6th St</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunsnot Wound Chest</b>								INTERVAL BETWEEN ONSET AND DEATH <b>29 19 19</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Self made investigations</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Gunsnot wound.</b>						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. <b>12-1-56</b>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>						
			20f. CITY, TOWN, OR LOCATION <b>Kans. City</b>		20g. COUNTY <b>Jackson mo.</b>		20h. STATE <b>Mo.</b>		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ <input checked="" type="checkbox"/> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)			22b. ADDRESS <b>1034 Park St Bluff</b>			22c. DATE SIGNED <b>12-3-56</b>			
23a. BURIAL OR REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/4/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>		
24. FUNERAL DIRECTOR <b>Sheil Funeral Home Kansas City Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-3-56</b>		26. REGISTRAR'S SIGNATURE <b>Flora Marshall</b>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare and Public Service  
300-56  
RT  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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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 *Thomas A. Seal*.....

Licensed Embalmer No. *49*  
P. O. Address *K.C. Mo.*

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.