

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41999**

FILED DEC 18 1956

BIRTH NO. _____ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **4258** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina		c. LENGTH OF STAY (in this place) 3 yrs	c. CITY OR TOWN Edina
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		f. STREET ADDRESS (If rural, give location) 050 0	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) WILSON		c. (Last) BRADLEY		4. DATE OF DEATH (Month) (Day) (Year) Dec 8, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 4 July 1897		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY Ret. Farmer		11. BIRTHPLACE (City and State or Foreign Country) LaBelle, Mo		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Bradley		13b. MOTHER'S MAIDEN NAME Neura Carmack		14. NAME OF HUSBAND OR WIFE Isa Bradley	
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. 0		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry Bradley Edina, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with mitral insufficiency and hypertension		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 15 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Oct. 24, 1955** to **Nov. 17, 1955**, that I last saw the deceased alive on **Nov. 17, 1955**, and that death occurred at **LaBelle, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE Francis Tanyolan		(Degree or title) M.D.		23b. ADDRESS Edina, Missouri		23c. DATE SIGNED Dec. 10, 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10 Dec. '56		24c. NAME OF CEMETERY OR CREMATORY LaBelle Cemetery		24d. LOCATION (City, town, or county) (State) LaBelle, Missouri	

DATE REC'D BY LOCAL REG. Dec. 13, 56		REGISTRAR'S SIGNATURE Helle S. Hunolt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ASB... Edina, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1957

DEC 18 1956

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 *Mrs J. W. Hudson*
Licensed Embalmer No. *297*
P. O. Address *Edina*

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.