FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1918

Registration District No. 182 Primary Registration District No. 4298 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linneus Mo. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Linn
c. CITY OR TOWN Linneus Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Maud Middle Last Bradley

4. DATE OF DEATH Month Jan. Day 17 Year 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH July 12-1885 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 6 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Linn Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dail McCullum 14. MOTHER'S MAIDEN NAME Cela Stuffebeen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT George Bradley Linneus Mo.

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 4 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential hypertension — 10 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 May 26, 1953 to Jan 17, 1957 and last saw her/him alive on Jan 17, 195
Death occurred at 12 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Benton Wilson (Degree or title) D.O. 22b. ADDRESS Linneus, Mo. 22c. DATE SIGNED Jan 19, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan. 19-1957 23c. NAME OF CEMETERY OR CREMATORY Pond 23d. LOCATION (City, town, or county) (State) Linneus Mo.

24. FUNERAL DIRECTOR J. B. Brothers ADDRESS Linneus Mo. 25. DATE RECD. BY LOCAL REG. Jan 19-1957 26. REGISTRAR'S SIGNATURE Mrs Bridie Kelley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All 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 er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2 0

P. O. Address

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.