

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 2225

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>505 N. Monteau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 N. Monteau</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Herbert</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Bradshaw</u>	4. DATE OF DEATH	(Month) <u>1</u>	(Day) <u>20</u>	(Year) <u>1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-22-1885</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or last retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Porter</u>	11. BIRTHPLACE (State or foreign country) <u>Winnemouche Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Bradshaw</u>	13b. MOTHER'S MAIDEN NAME <u>Lula President</u>	14. NAME OF HUSBAND OR WIFE <u>Artie Bradshaw</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>Not known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben President</u>	ADDRESS <u>Sedalia Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspercarditis Chronic</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Coronary Artery</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from As Governor, 1957, that I last saw the deceased alive on 1957, and that death occurred at 6:30 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Tomlin Stauffer</u>	(Degree or title) <u>US D & Commr</u>	23b. ADDRESS <u>Pettis Co</u>	23c. DATE SIGNED <u>1-22-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1-22-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u> Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Winnemouche Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-22-57</u>	REGISTRAR'S SIGNATURE <u>Livina Cozart Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. N. Ferguson</u>	ADDRESS <u>Sedalia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

51

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

Student Embalmer

Signed

J. D. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sadalia

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 this body is not embalmed, fact should be so stated above.