

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3397**

**FILED FEB 5 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **2075** Registrar's No. **22**

1231

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Dexter,</b>		c. LENGTH OF STAY (In this place) <b>61 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Dexter</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Commercial Hotel</b>			d. STREET ADDRESS (If rural, give location) <b>Comercial Hotel</b> <b>103/0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b>		b. (Middle) <b>Thron</b>	c. (Last) <b>Bradham</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 1, 1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 1, 1885</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>barber</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>barber</b>	11. BIRTHPLACE (City and State or Foreign Country) / <b>Wayne Co., Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>X X X X X X X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Ross</b>	ADDRESS <b>Evansville, Ind.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Asthma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>		
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. <b>Senility and poor state of health for several years preceding.</b>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4342</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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 <b>March 14, 1956</b> , to <b>Feb. 1, 1957</b> , that I last saw the deceased alive on <b>Jan. 31st 1957</b> , and that death occurred at <b>10:28A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>L. P. Cannon</b> (Degree or title) <b>D.O.</b>			23b. ADDRESS <b>Dexter, Missouri</b>		23c. DATE SIGNED <b>Feb. 2, 57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2-6-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walker cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bloomfield, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2-2-57</b>	REGISTRAR'S SIGNATURE <b>Velma D. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins &amp; Sons Dexter, Mo.</b>			

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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 .....  
Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Depler, MO.

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.