

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12697**

FILED APR 16 1957

BIRTH NO. _____ REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **4185** Registrar's No. **607**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN St. Clair		c. CITY OR TOWN St. Clair	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 yrs		e. STREET ADDRESS (If rural, give location) Duckworth Apts.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Duckworth Apts.			

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) N c. (Last) Bradley			4. DATE OF DEATH (Month) (Day) (Year) Mar. 24, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 16, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Cooper		13b. MOTHER'S MAIDEN NAME Martha		14. NAME OF HUSBAND OR WIFE Luke W. 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. _____		17. INFORMANT'S SIGNATURE OR NAME Luke W. Bradley ADDRESS St. Clair, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Intracranial Cerebral Hemorrhage - 4 days -			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension - years			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition directly causing death. Arteriosclerosis -			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 **3-20-**, 19**57**, to **3-24-**, 19**57**, that I last saw the deceased alive on **3-24-**, 19**57**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Dr. W. E. Ketchell, M.D. (Degree or title)		23b. ADDRESS St. Clair, Mo.		23c. DATE SIGNED 3/25-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-26-57		24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		24d. LOCATION (City, town, or county) (State) St. Clair, Mo.	
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DATE REC'D BY LOCAL REG. 3-26-57		REGISTRAR'S SIGNATURE Lloyd Williams		25. FUNERAL DIRECTOR'S SIGNATURE Casey-Lenox ADDRESS St. Clair, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

511-0

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 *K. M. Lerrot*.....

Licensed Embalmer No. *3601*.....

P. O. Address *St. Clair, Pa.*.....

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.