

Health, Welfare, Public Service

100-56

Disorders, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 25170

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Flight Line Whiteman AFB, Mo		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2508 Woodlawn Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) William Edgar Bradbury			4. DATE OF DEATH August 6, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 1, 1917	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Military	11. BIRTHPLACE (City and state or country) Waller, Texas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John W Bradbury			14. MOTHER'S MAIDEN NAME Not Given		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) Yes 1942-57		16. SOCIAL SECURITY NO. 453-28-3690	17. INFORMANT Personal Affairs Records, Whiteman AFB, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation and Acute pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Inhalation smoke, fumes, & heat DUE TO (c) 866x					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Extensive generalized burns.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/>		SUICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Aircraft crash accident		
20c. TIME OF INJURY 5:10 P. M. Aug 6, 1957					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Flight Line		20f. CITY, TOWN, OR LOCATION Whiteman AFB Johnson Missouri	
21. I viewed the deceased at 6:30 PM on August 6, 1957 and to the best of my knowledge, from the causes stated, Death occurred at 5:15 PM on the date stated above;					
22a. SIGNATURE Carl M Smith			22b. ADDRESS Whiteman AF Base, Missouri		22c. DATE SIGNED 6 Aug 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-9-57	23c. NAME OF CEMETERY OR CREMATORY Houston Texas		23d. LOCATION (City, town, or county) (State) Houston, Texas
24. FUNERAL DIRECTOR W. B. Brundinger		ADDRESS Warrensburg Mo.		25. DATE RECD. BY LOCAL REG. 8/8/57	26. REGISTRAR'S SIGNATURE Erma L Beatty

(Licensed Embalmer's Statement on Reverse Side)

