

FILED AUG 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25692

BIRTH NO. _____		REG. DIST. NO. 278	PRIMARY REG. DIST. NO. 4415	Registrar's No. 90
1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mississippi b. COUNTY _____		1238
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Clarksville		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bay St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mississippi River		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) Ivan J. BRADFORD Jr/		a. (First) Ivan	b. (Middle) J.	c. (Last) BRADFORD Jr/
4. DATE OF DEATH July 29 1957		(Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 25, 1937	9. AGE (In years less birthday) 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Relief Mate		10b. KIND OF BUSINESS OR INDUSTRY Barge Line	11. BIRTHPLACE (State or foreign country) Louisiana	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Ivan J. Bradford		13b. MOTHER'S MAIDEN NAME Pansy Manionneaux		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 428-62-9746		17. INFORMANT'S SIGNATURE OR NAME J. C. Berry
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture - Compound INTERVAL BETWEEN ONSET AND DEATH 2 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture both crania - Trauma DUE TO (c) to Heart II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9168		
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOME/WORK accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mississippi River	21c. (CITY, TOWN, OR TOWNSHIP) Clarksville	(COUNTY) Pike	(STATE) Mo
21d. TIME OF INJURY July 26 1957 7:40 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Explosion on mail barge		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on July 29, 1957, and that death occurred at _____, from the causes and on the date stated above.				
23a. SIGNATURE J. C. Mudd		23b. ADDRESS Bowling Green Mo.		23c. DATE SIGNED July 29-57
24a. BURIAL (CREMATION, REMOVAL) Removal	24b. DATE July 30, 1957	24c. NAME OF CEMETERY OR CREMATORY ---	24d. LOCATION (City, town, or county) Plaquemine, Louisiana (State)	
DATE REC'D BY LOCAL REG. July 30, 1957	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Mudd		ADDRESS Bowling Green, Missouri

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

90
2820
3

374
0

1958 JAN 9 6 NWC/

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer'

Signed *James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Bowling Green, 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.