

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009125

STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 221

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Illmo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SEMO Hospital Length of stay in lb 4 Days		d. STREET ADDRESS (If outside, give location) Illmo RFD Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Bradsher First Middle Last			4. DATE OF DEATH Feb. 24 1958 Month Day Year
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1883
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 1 Days 23 Hours _____ Min. _____	IF UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Bay Village Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Elie Bradsher	
14. MOTHER'S MAIDEN NAME Unknown		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. None		17. INFORMANT Mr. Buddy Bradsher St. Louis Mo. Address _____	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aplastic anemia, Cause unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Multiple abscesses of liver, DUE TO (c) spleen, kidneys & lungs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH _____
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			2924
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input 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.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from 2-19-58 to 2-24-58 and last saw <input checked="" type="checkbox"/> him alive on 2-24-58 Death occurred at 7:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jordan M. Nunnally, M.D.		22b. ADDRESS Cape Girardeau, Mo.	
22c. DATE SIGNED 3-10-58		23a. BURL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Feb. 25, 1958		23c. NAME OF CEMETERY OR CREMATOR Memorial Park	
23d. LOCATION (City, town, or county) Cape Girardeau, Mo.		(State) _____	
24. FUNERAL DIRECTOR Brinkopf Howell Cape Girardeau ADDRESS _____		25. DATE RECD. BY LOCAL REG. March 12, 1958	
26. REGISTRAR'S SIGNATURE Mr. Homer E. Cooper			

MAR 21 1958

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 *Neil H. Grossheider*

Licensed Embalmer No. *49*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.