. Health,
& Welfare
. Public
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Filed Jun 6 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017688
STATE FILE NUMBER

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

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper Twp — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Windyville, Mo — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dallas
c. CITY OR TOWN Buffalo 0300 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Gerald Middle Eugene Last Bradley

4. DATE OF DEATH Month May Day 30, Year 1958

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ 1 DIVORCED ☐
8. DATE OF BIRTH Oct. 31, 1938
9. AGE (In years last birthday) 19 — IF UNDER 1 YEAR Months 7 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Bottle Gas
11. BIRTHPLACE (City and state or country) 0 Dallas Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

12a. FATHER'S NAME Levin Bradley
13b. MOTHER'S MAIDEN NAME Frances A. Richerson
14. NAME OF HUSBAND OR WIFE Wilma June Bradley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) accidental drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) crossing river on horse when
DUE TO (c) river was passed fording. No inquest
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) 845X/37

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) jumping or falling off of horse in river

20c. TIME OF INJURY Hour ~~a.m.~~ 2 p.m. Month, Day, Year 6-30-1958

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Niagara river
20f. CITY, TOWN, OR LOCATION Windyville, Mo. COUNTY Dallas 030 STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. B. Jones Coroner 3
22b. ADDRESS Buffalo Mo
22c. DATE SIGNED 6/5/58

23a. BURIAL, CREMATION, REMOVAL (specify) Burial
23b. DATE 6/1/1958
23c. NAME OF CEMETERY OR CREMATORY Oak Lawn
23d. LOCATION (City, town, or county) (State) Buffalo, Mo.

24. FUNERAL DIRECTOR Clyde Montgomery ADDRESS Buffalo, Mo.
25. DATE RECD. BY LOCAL REG. 6/5/58
26. REGISTRAR'S SIGNATURE Mrs Grace Petree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 .....
Signature of Student Embalmer

Signed Lelyte Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, Ind

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.