

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025350  
State File No. ....

FILED AUG 8 1958

3398

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3398</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY OR TOWN <u>Lee Summit</u>		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7505 E. 8th Curtis Home</u>				e. STREET ADDRESS (If rural, give location) <u>Route #1 9000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERNICE</u>			b. (Middle) _____			c. (Last) <u>BRADSHAW</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1958</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>October 20 1890</u>		9. AGE (In years last birthday) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Chalmers</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry Bradshaw</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-28-0321A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Larry Lott</u> ADDRESS <u>Rte #1 Lee Summit Mo.</u>	
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* (a) <u>Bilateral Pneumonia BRONCHIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Dis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>4788F</u>	
19a. DATE OF OPERATION <u>28 April 1958</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric Fracture Right Hip</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <u>26 April 1958</u> , to <u>10 July 1958</u> , that I last saw the deceased alive on <u>9 July 1958</u> , and that death occurred at <u>6:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. D. Durrell</u>				23b. ADDRESS <u>18 E. Third St. Lee Summit</u>		23c. DATE SIGNED <u>11 July 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 12 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Main Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-12-58</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hilda ...</u> ADDRESS <u>2315 ...</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
M. D. Durrell

XCBmo



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.....  
*Chas. C. Wick*

Licensed Embalmer No. *2644*

P. O. Address *12 C. M. O.*

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.