Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029555
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 49

FILED AUG 25 1958

4

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaBelle — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sisk rest Home — Length of stay in lb 1 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN LaGrange 0560 0 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) No street address — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Lindley Last Bradshaw

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

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH July 7, 1881
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peace Officer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) LaGrange, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Bradshaw
13b. MOTHER'S MAIDEN NAME Betty Barkley
14. NAME OF HUSBAND OR WIFE Gertrude Bradshaw

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. 498 14 0592
17. INFORMANT J.E.Bradshaw Address Kansas City, Mo

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) Angina Pectoris Insufficiency of Coronary
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last — DUE TO (b) Angina Pectoris
DUE TO (c)
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) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 11th 58 to July 30th and last saw her/him alive on July 30th 58
Death occurred at LaBelle Mo on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. V. Coster Do 2
22b. ADDRESS LaBelle Mo
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE August 1, 1958
23c. NAME OF CEMETERY OR CREMATORY Riverview
23d. LOCATION (City, town, or county) (State) LaGrange, Mo.

24. FUNERAL DIRECTOR J Kenneth Bailey ADDRESS LaGrange Mo
25. DATE RECD. BY LOCAL REG. 8-23-'58
26. REGISTRAR'S SIGNATURE P.W. Jennings, M.D. E.L.

(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.

61
6

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 Kenneth Bailey

Licensed Embalmer No. 4418

P. O. Address [illegible]

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.