

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029944

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No.

290

Primary Registration District No.

4427

Registrar's No.

138

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Waynesville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville General		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Dale Middle Elwood Last Bradford		4. DATE OF DEATH Month 9 Day 2 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/16/1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P.X. Personal Manager		11. BIRTHPLACE (City and state or country) Joplin, Missouri	
13a. FATHER'S NAME Ward Bradford		14. NAME OF HUSBAND OR WIFE Josephine Bradford	
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. UNKNOWN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PENETRATING bullet wound Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Through head Hemorrhage DUE TO (c) 976X		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 9 Month 1 Day 58 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Waynesville, Missouri	
21. I attended the deceased from Sept 1, 1958 to Sept 2, 1958 and last saw ^{him} alive on Sept 2, 1958 Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dale R. Gritshewich DO	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/4/1958	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Waynesville, Missouri	
24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc. Dixon, Missouri		25. DATE RECD. BY LOCAL REG. 9-4-58	
26. REGISTRAR'S SIGNATURE Paula Mae Anderson		27. DATE SIGNED 9-2-58	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Clarence Phoss

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.