

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029945

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 290 Primary Registration District No. 4430 Registrar's No. 137

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 Crocker, Missouri		c. CITY OR TOWN Waynesville, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. edge of Crocker		d. STREET ADDRESS (If outside, give location) None.	
Length of stay in lb 2 hrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Josephine Middle -- Last Bradford.		4. DATE OF DEATH Month Sept. Day 1, Year 1958	
5. SEX Female	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 Aug. 8, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Springfield, Missouri
13a. FATHER'S NAME Everett A. Rowden.		13b. MOTHER'S MAIDEN NAME Gail Tallman.	14. NAME OF HUSBAND OR WIFE Dale. Bradford.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No.) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown.	17. INFORMANT Address Mr.s Ruth Howard Crocker, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gun shot wound. DUE TO (c) 981 X			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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Results of wounds inflicted from a 25 Cal. Autom.	
20c. TIME OF INJURY Hour 10:30 Month 9 Day 1 Year 1958 p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) S. edge of Crocker, Mo	
20f. CITY, TOWN, OR LOCATION Mo		COUNTY Pulaski STATE Missouri	
21. I attended the deceased from 10:30 to P and last saw her/him alive on P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) County Coroner.		22b. ADDRESS Richland, Missouri	
22c. DATE SIGNED 9/3/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/4/58	
23c. NAME OF CEMETERY OR CREMATORY Way. Memorial Cemetery		23d. LOCATION (City, town, or county) (State) Waynesville, Mo.	
24. FUNERAL DIRECTOR Hedges Funeral Home		DATE RECD. BY LOCAL REG. 9-4-58	
24. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 Clarence J. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo.

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.