

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036967
STATE FILE NUMBER

FILED NOV 13 1958 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 88

300
1-57

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		c. CITY OR TOWN Lexington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR LEXINGTON Memorial Hospital		d. STREET ADDRESS (If outside, give location) 8 miles East of Lexington	
Length of stay in lb 2 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Mattie A. Bradley			4. DATE OF Month Day Year September 17, 1958		
---	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 25, 1877	9. AGE (In years last birthday) 81	10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
---------------	------------------------	--	---------------------------------	------------------------------------	---	----------------------

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

13a. FATHER'S NAME Jackson Bradley	13b. MOTHER'S MAIDEN NAME Sarah Young	14. NAME OF HUSBAND OR WIFE None
---------------------------------------	--	-------------------------------------

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. None	17. INFORMANT Miss Sallie Bradley, Lexington, Mo.	Address
---	---------------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Rupture		INTERVAL BETWEEN ONSET AND DEATH 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial Infarction DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201
--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 COUNTY STATE
---	--	---

21. I attended the deceased from 9/17/58 to 9/17/58 and last saw her alive on 9/17/58 Death occurred at 12:35 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) H. S. ... M.D.	22b. ADDRESS Hogsville, Mo.	22c. DATE SIGNED 10/1/58
--	--------------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Sept. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Machpelah	23d. LOCATION (City, town, or county) (State) Lexington, Missouri
---	-----------------------------	---	--

24. FUNERAL DIRECTOR L. P. ...	25. DATE RECD. BY LOCAL REG. 11-8-58	26. REGISTRAR'S SIGNATURE M. ...
-----------------------------------	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS NOV 20 1959

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 *L. McLean*

Licensed Embalmer No. 2983

P. O. Address *Lumpkin, Tenn*

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.