

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043423

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before death) (Type or print) a. STATE MO. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Mokane 0140	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hosp.		d. STREET ADDRESS None (If outside, give location)	
Length of stay in lb 10 Hrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) James Fountain Bradley			4. DATE OF DEATH Dec. 16 1958		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 19, 1868	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR 11 Months 27 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Stockman			11. BIRTHPLACE (City and state or country) Callaway Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas H. Bradley			14. MOTHER'S MAIDEN NAME Mary Martha Mc Call		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. James Bradley Address Mokane Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion.		INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Congestive Heart Failure	1 month plus
	DUE TO (c) Hypertension & Gen Arteriosclerosis	1 year plus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cardio-Renal Vascular disease 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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 Fulton COUNTY MO. STATE Mo.

21. I attended the deceased from 12/13/58 to 12/16/58 and last saw her him alive on 12/16/58 Death occurred at 1:36 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE George T Wood MD (Degree or title)	22b. ADDRESS Fulton Mo.	22c. DATE SIGNED 12/19/58

23a. BURIAL, CREMATION, REBURY (S, C, or P) Burial	23b. DATE 12-18-58	23c. NAME OF CEMETERY OR CREMATORY Mokane Cemetery	23d. LOCATION (City, town, or county) (State) Mokane Mo.
24. FUNERAL DIRECTOR Maupin Funeral Home ADDRESS Fulton Mo.		25. DATE RECD. BY LOCAL REG. Dec. 22-1958	26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
0
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
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.

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 *J. J. Ross*.....

Licensed Embalmer No. *95*

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.