

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001864
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 11

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-57

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Warrensburg</i> 05120
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warrensburg Medical Center</i>		Length of stay in lb <i>1 day</i>	d. STREET ADDRESS (If outside, give location) <i>317 Jackson</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>JAMES A BRADLEY</i>			4. DATE OF DEATH Month Day Year <i>January 19 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 26, 1875</i>
9. AGE (In years last birthday) <i>83</i>		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) <i>Farmer - Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>Kansas 1</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>James William Bradley,</i>	13b. MOTHER'S MAIDEN NAME <i>Malinda Jane Rash</i>
14. NAME OF HUSBAND OR WIFE <i>Mrs. Florence Bradley</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT <i>Mr. Frank A. Bradley, Kansas City, Missouri</i>		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) <i>Cerebral vascular accident</i>			INTERVAL BETWEEN ONSET AND DEATH <i>9 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 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 a.m. p.m.			
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 COUNTY STATE
21. I attended the deceased from <i>June 58</i> to <i>Jan. 19, 1959</i> and last saw him him alive on <i>Jan. 19, 1959</i> Death occurred at <i>1:35 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wendell Mason MD</i>		22b. ADDRESS <i>Warrensburg, Missouri</i>	22c. DATE SIGNED <i>1-19-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-22, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Marshall Cemetery,</i>	23d. LOCATION (City, town, or county) (State) <i>Johnson Co. North, Knobloster,</i>
24. FUNERAL DIRECTOR <i>The Brauningers, Warrensburg, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 20, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Savannah C. Burtchfield</i>

(Licensed Embalmers Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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 *Richard G. McDowell*

Licensed Embalmer No. *4825*

P. O. Address *Warrenton*

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.