

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001894

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 169

Primary Registration District No. 4262

Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knox City		c. CITY OR TOWN Knox City 6326	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Ernest Middle C. Last Bradley		4. DATE OF DEATH Month January Day 16 Year 1959	
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 December 24, 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Knox County	
13a. FATHER'S NAME William R. Bradley		14. NAME OF HUSBAND OR WIFE Mildred Bondurant Bradley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. 492-42-6345	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Self-inflicted gun-shot wound		INTERVAL BETWEEN ONSET AND DEATH immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Depressive Psychosis		15 months	
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 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.) 976x	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 Knox City, Mo	
21. I attended the deceased from Death occurred at Nov 1957 to Jan 15-1959 and last saw him alive on Jan 15-1959 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE L. Phillips D.O.	
22b. ADDRESS Knox City, Mo		22c. DATE SIGNED 1-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/18/1959	
23c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery		23d. LOCATION (City, town, or county) (State) La Belle, Missouri	
24. FUNERAL DIRECTOR J. C. S. S. S. S.		25. DATE RECD. BY LOCAL REG. Jan. 20-59	
26. REGISTRAR'S SIGNATURE J. S. S. S.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

'JAN 2

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by myself, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

J. L. L. Jr.

Licensed Embalmer No. 4328

P. O. Address LaBelle, La.

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.