

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005436

STATE FILE NUMBER

Public Service

FILED MAR 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 917

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City, MO</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City, MO</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>817 Cherry Room 416</i> Length of stay in lb <i>25 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>817 Cherry Room 416</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Howard P. Bradley</i> First Middle Last			4. DATE OF DEATH Month <i>2</i> Day <i>16</i> Year <i>59</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 19, 1897</i>
9. AGE (If years and birthday) <i>61</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Social # 124</i>		11. BIRTHPLACE (City and state or country) <i>Springfield, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>unknown</i>	
13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Dinnie M. Bradley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <i>unknown</i>) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>510-07-2964</i>	
17. INFORMANT <i>Dinnie M. Bradley, Blue Springs, Mo.</i> Address <i>B 436 Earlman, Cal.</i>		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>Arteriosclerotic Heart Disease</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) <i>Created for heart several years</i>	
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugh H. Owens, Coroner</i>		22b. ADDRESS <i>1034 Walnut Blvd</i>	
22c. DATE SIGNED <i>2-17-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	
23b. DATE <i>2-19-1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cem.</i>	
23d. LOCATION (City, town, or county) <i>Kansas City, Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Melody - Mc Kelley - English F. H.</i> ADDRESS <i>Winwood - Woodland</i>		25. DATE RECD. BY LOCAL REG. <i>2-18-59</i>	
26. REGISTRAR'S SIGNATURE <i>Iva Marshall</i>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

(Licensed Embalmer's Statement on Reverse Side)

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 *Leonard Passantino*

Licensed Embalmer No. *4554*

P. O. Address *Ke 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.