

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006284

STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 181

Primary Registration District No. 5677

Registrar's No. 5

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-57 1

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Union Twp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Elsberry</b> <b>6570</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Farm</b>		Length of stay in lb <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>Route #1</b>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
<b>Arthur None Bradshaw</b>			<b>Feb. 2, 1959</b>			

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 19, 1887</b>	9. AGE (In years from birthday) <b>70</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Lincoln Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Florence</b>		14. NAME OF HUSBAND OR WIFE <b>Addie L. Teague Bradshaw</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>88-26-0413</b>	17. INFORMANT <b>Addie May Bradshaw, Rt. 1, Elsberry, Mo.</b>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound of left parietal region. Self inflicted.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>???</b>
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"/> <b>2-</b>

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.) <b>Subject shot self with 38 Cal. revolver. Last seen</b>		
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20c. TIME OF INJURY Hour <b>8:00PM</b> Month, Day, Year <b>2/2/59</b> a.m. <b>2/5/59</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Field</b>	20f. CITY, TOWN, OR LOCATION <b>Union Twp.</b>	COUNTY <b>Lincoln Co.</b>	STATE <b>Missouri</b>
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw 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) <b>Joseph J. Marsh</b> <b>CORPNER 3</b>	22b. ADDRESS <b>Troy, Missouri</b>	22c. DATE SIGNED <b>2/4/59</b>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/6/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Troy Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Troy, Missouri</b>
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24. FUNERAL DIRECTOR <b>Kemper-Marsh Funeral Home, Troy, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2/23/1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kientz</b>
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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, ~~XXXX~~....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Joseph J. Marsh*.....  
Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri.

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.