THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012522
STATE FILE NUMBER

FILED APR 28 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Memorial — Length of stay in 1b 2½ Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton — Inside Limits Yes X No
d. STREET ADDRESS 807 Walnut (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First: Addie Middle: Jane Last: Bradford
4. DATE OF DEATH Month: April Day: 15 Year: 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED WIDOWED X DIVORCED
8. DATE OF BIRTH Oct. 17, 1866
9. AGE (In years last birthday) 92 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (City and state or country) Norfolk, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J.W. Bovee
14. MOTHER'S MAIDEN NAME Marjorie Critchfield
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Elva Hudspeth, Address 807 Walnut, Fulton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Degeneration & Failure — 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4222 F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Rt. Acute Varicitis - Fractured Lt. Hip
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT X SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Slipped & Fell at home.
20c. TIME OF INJURY Hour a. m. p. m. ? Month, Day, Year 2-27-59
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK X
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Fulton COUNTY Callaway STATE Mo.

21. I attended the deceased from 2-27-59 to 4-15-59 and last saw her/him alive on 4-15-59
Death occurred at 10:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Brown (Degree or title) M.D.
22b. ADDRESS Fulton Mo.
22c. DATE SIGNED 4-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 17, 1959
23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State) Fulton, Mo.

24. FUNERAL DIRECTOR Maupin Funeral Home — ADDRESS Fulton, Mo.
25. DATE RECD. BY LOCAL REG. April 25-1959
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

US JUN 2 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall C. Blacke

Licensed Embalmer No. 4

P. O. Address Fulton

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.