

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022258

STATE FILE NUMBER

FILED JUL 6 1959

Registration District No. 240

Primary Registration District No. 5827

Registrar's No. 16

300
1-57

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN RT #1 LILBOURN		c. CITY OR TOWN LILBOURN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT #1 LILBOURN		d. STREET ADDRESS (If outside, give location) RT. #1	
Length of stay in lb		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last BRADFIELD			4. DATE OF DEATH Month JUNE Day 16 Year 1959		
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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 AUG 17 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 10 Days 9	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Riters FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) HENDERSON COUNTY TENN.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME DAN BRADFIELD	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE ANNIE BRADFIELD
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT FRANK TAYLOR - RT. #1 - LILBOURN MO.	Address
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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) Overwhelming urinary infection		INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) dehydration, marked.	3 days
	DUE TO (c) Perineal hemorrhage	5 WKS
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	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 COUNTY STATE
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21. I attended the deceased from 31 May 59 to 14 June 59 and last saw ^{her} him alive on 14 June 59 Death occurred at 1:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Charles E. [Signature] (Degree or title) 0	22b. ADDRESS 747 MAIN ST. NEW MADRID, Mo.	22c. DATE SIGNED 6-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-17-59	23c. NAME OF CEMETERY OR CREMATORY Christian Chapel	23d. LOCATION (City, town, or county) (State) Legination Tenn
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24. FUNERAL DIRECTOR German Funeral Home	ADDRESS St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. 6-22-59	26. REGISTRAR'S SIGNATURE H. L. Ponder Deputy
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED JUN 30 1959
NEW MADRID CO. HEALTH CENTER
P.S.

6961 8 917

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 Noel C. Deane

Licensed Embalmer No. 3941

P. O. Address Caruthers

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.