

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 0 1959

59-024539

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Concord Twp.		Length of stay in 1b 1 Mo.		c. CITY OR TOWN Cameron		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warren-Baumeier M. Home		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) 108W. 3rd.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH BENNETT BRADFORD				4. DATE OF DEATH Month Day Year July 31, 1959			
5. SEX M	6. COLOR OR RACE Cauc.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Oct. 3, 1871	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) DeKalb Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Bradford		13b. MOTHER'S MAIDEN NAME Caroline Jones		14. NAME OF HUSBAND OR WIFE Hattie Bradford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Donald Bradford, Cameron, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Vascular collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Arterio-sclerosis						INTERVAL BETWEEN ONSET AND DEATH 2 min. 1 wk. 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	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 6:05 AM 7/29/59							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 6/23/59 to 7/29/59 and last saw her alive on 7/29/59 Death occurred at 6:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. Baumeier				22b. ADDRESS Larkins, Mo.		22c. DATE SIGNED 7/30/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-31-1959	23c. NAME OF CEMETERY OR CREMATORY Christian Chapel		23d. LOCATION (City, town, or county) (State) DeKalb Co. Mo.		
24. FUNERAL DIRECTOR ADDRESS Poland Fun'l Home, Cameron, Mo.			25. DATE RECD. BY LOCAL REG. 8-6-1959		26. REGISTRAR'S SIGNATURE Mary W. Seearse		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Laurence J. Thompson

Licensed Embalmer No. 473

P. O. Address Cameron

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.