

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028981

FILED VS. AUG 21 1959

149

Primary Registration District No. 1002

Registrar's No.

3818

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Length of stay in 1b 28 YRS.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WESTPORT NURSING HOME 3940 MCGEE ST.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5737 TRACY		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last SUSAN ANN BRADLEY				4. DATE OF DEATH Month Day Year AUG 5, 1959							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2 8 1874		9. AGE (last birthday) 85 YRS.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) DREXEL, MISSOURI			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME UNKNOWN				13b. MOTHER'S MAIDEN NAME CECELIA A. MEAD				14. NAME OF HUSBAND OR WIFE JOSHUA BRADLEY			
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. NONE		17. INFORMANT Address MRS. VERNIE O. PRICE 5735 TRACY					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Age DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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 8-4-59 to 8-5-59 and last saw her/him alive on 8-5-59 . Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) W. E. C. Wyckoff						22b. ADDRESS 4036 B. Troost ave. K.C. Mo.			22c. DATE SIGNED 8-6-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE AUG 8, 1959		23c. NAME OF CEMETERY OR CREMATORY PAOLA CEM		23d. LOCATION (City, town, or county) PAOLA KANSAS			(State)		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.				ADDRESS		25. DATE RECD. BY LOCAL REG. 8-7-59		26. REGISTRAR'S SIGNATURE Reva Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. C. Wyckoff

WEL 1-80-20.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 493

P. O. Address KC 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.