

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036081

FILED VS. OCT 23 1959

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

Registrar's No. 4921

STATE FILE NUMBER

BY AFFIDAVIT OF CORONER  
 HIGHWAY WEIGHTS  
 MEDICAL CERTIFICATION  
 DOCUMENT  
 POLICE

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>11 years</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> -b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>3401 Highland</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>DANIEL</u> Middle <u>RAIPH</u> Last <u>BRADLEY</u>			<b>4. DATE OF DEATH</b> Month <u>October</u> Day <u>12</u> Year <u>1959</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1-11-1922</u>	<b>9. AGE</b> (last birthday) <u>37</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Diamond Setter</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Helburg Jewelry</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Kansas City, Kansas</u>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U S A</u>		<b>13a. FATHER'S NAME</b> <u>William Bradley</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Holman</u>			
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Gertrude Key Bradley</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War II</u>					
<b>16. SOCIAL SECURITY NO.</b> <u>499-10-9001</u>		<b>17. INFORMANT</b> Address <u>Mrs Gertrude Bradley - 3401 Highland</u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bullet wound head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					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 (a)					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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input checked="" type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>apparently self-inflicted</u>			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year <u>10-12-59</u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg. etc.) <u>Residence</u>			
<b>20f. CITY, TOWN, OR LOCATION</b> <u>Kansas City</u>		<b>20g. COUNTY</b> <u>Jackson</u>		<b>20h. STATE</b> <u>MO</u>			
<b>21. I attended the deceased from _____ to _____ and last saw him/her alive on _____.</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Duane H. Owens, Coroner</u>			<b>22b. ADDRESS</b> <u>1034 Briarley Blvd</u>		<b>22c. DATE SIGNED</b> <u>10-13-59</u>		
<b>23a. BURIAL CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>October 15, 1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Green Lawn Cemetery</u>			
<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>		<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Kilks Funeral Home 2315 Penwood</u>					
<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-13-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Neva Thinsall</u>					

**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 Chas E. Wicks

Licensed Embalmer No. 2644

P. O. Address Hemo

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.