

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010536

FILED VS MAR 26 1960 / 28

Registration District No. _____ Primary Registration District No. 2000 Registrar's No. 347A STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 15 years		c. CITY OR TOWN S. Campbell Twsp Springfield Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Springfield R.F.D.# 8		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELIZABETH Middle ---- Last BRADSHAW				4. DATE OF DEATH Month March Day 21 Year 1960			
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 4/7/1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done in course of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Dixon, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Mike Minihan			13b. MOTHER'S MAIDEN NAME Mary Conley		14. NAME OF HUSBAND OR WIFE B.F. Bradshaw		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT R.F.D.# 8, Paul Bradshaw, Springfield, 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) Hypertension - Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Chronic Myocarditis 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)					
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 3-13-60 to 3-21-60 and last saw her ^{him} alive on 3-21-60 Death occurred at 2:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Paul O. Upshaw, M.D. (Degree or title)			22b. ADDRESS Springfield, Missouri			22c. DATE SIGNED 3-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/24/1960	23c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery		23d. LOCATION (City, town, or county) (State) Wright County, Missouri		
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 3-25-60		26. REGISTRAR'S SIGNATURE Effie S. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 7

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 Harold F. Fritzel

Licensed Embalmer No. 507

P. O. Address Spfd, Ia

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.