

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011839

FILED VS. APR 15 1960 2 18

Primary Registration District No. 4330 Registrar's No. 17

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie, Mo.		Length of stay in 1b 64 Yrs	c. CITY OR TOWN East Prairie, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 218 S. Center Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Fernanda A. Bradley			4. DATE OF DEATH Month Day Year April 6, 1960		
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 8/8/1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Oil Dealer		10b. KIND OF BUSINESS OR INDUSTRY Gasoline & Oil	11. BIRTHPLACE (City and state or country) Mills Prairie, Ill.	12. CITIZEN OF WHAT COUNTRY USAA	
13a. FATHER'S NAME J. H. Bradley		13b. MOTHER'S MAIDEN NAME Vernetty Fisher		14. NAME OF HUSBAND OR WIFE Sarah F. Hayden	
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.		17. INFORMANT Address Thurston Drummonds, E. Prairie, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 month
IMMEDIATE CAUSE (a) Myocarditis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Sterilized Arterio Sclerosis ?	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia 1 month ago		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	
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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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	20f. CITY, TOWN, OR LOCATION Charleston, Missouri	COUNTY	STATE
21. I attended the deceased from November 5, 1959 to April 5, 1960 and last saw her alive on April 5, 1960 Death occurred at 12:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>M. C. Lemmon</i> (Degree or title)	22b. ADDRESS Charleston, Missouri	22c. DATE SIGNED 4/9/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/7/60	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F.
23d. LOCATION (City, town, or county) Charleston, Mo.		

24. FUNERAL DIRECTOR Mc Mikle, East Prairie, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-12-60	26. REGISTRAR'S SIGNATURE <i>Gertrude S. Harper</i>
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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 by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin McMillan

Licensed Embalmer No. 4695

P. O. Address East Prairie

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