

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023677

FILED VS JUL 15 1960

Registration District No. 171 Primary Registration District No. 4268 Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mayview</u>		Length of stay in 1b <u>--</u>		c. CITY OR TOWN <u>Mayview</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>--</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>--</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER JAMES BRADFORD</u>				4. DATE OF DEATH Month Day Year <u>June 21 1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/24/1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u> Hours <u>19</u> Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining Lafayette Co., Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>Charles Bradford</u>			13b. MOTHER'S MARDEN NAME <u>Katie Forbush</u>		13c. NAME OF HUSBAND OR WIFE <u>Grace E. Bradford</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>487-05-0497</u>		17. INFORMANT Address <u>Grace E. Bradford Mayview, Missouri</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>	
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 <u>4</u> 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 <u>June 18</u> to <u>June</u> and last saw her/him alive on <u>June 19 - 60</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>W.C. Martin MD</u>				22b. ADDRESS <u>Odesa Mo</u>		22c. DATE SIGNED <u>6-26-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/25/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Johnson Co., Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>A. H. Hader Funeral Home</u> By <u>A. H. Hader</u>				25. DATE RECD. BY LOCAL REG. <u>6/26/60</u>		26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0964 JUL-1-1960 SA

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

Geo. M. Kean

Licensed Embalmer No. 298

P. O. Address

Lexington

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.