

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

149

Primary Registration District No. 1002 Registrar's No.

3935-60-026740 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LAKESIDE HOSPITAL JACKSON COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 days +	c. CITY OR TOWN MISSOURI BELTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 331 E. North ave.

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM J ohnothan BRADFORD			4. DATE OF DEATH Month Day Year 7 31 1960	
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5. SEX male	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 4-2-68	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) insurance agent	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and state or country) LEE'S SUMMIT MO.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JOHNOTHAN BRADFORD	13b. MOTHER'S MAIDEN NAME ROSA GARLAND	14. NAME OF HUSBAND OR WIFE SALLIE ( DEC.)
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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. NO.	17. INFORMANT GILMORE BRADFORD	Address MEXICO CITY, MEXICO.
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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 24 hours
IMMEDIATE CAUSE (a)	acute Pulmonary edema.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardio-renal failure. DUE TO (c) arterio-sclerosis	

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"/> N. <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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 1956 to 7-30-60 and last saw him alive on 7-30-60  
Death occurred at 4:30 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John R. Mc Kee	(Dr, nurse or title)	22b. ADDRESS Belton Mo.	22c. DATE SIGNED 8-1-60
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23a. MANNER OF CREMATION, (Specify) BURIAL	23b. DATE 8/2/60	23c. NAME OF CEMETERY OR CREMATORY BELTON SEMETERY	23d. LOCATION (City, town, or county) BELTON MO.
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24. FUNERAL DIRECTOR E.K. GEORGE & SONS BELTON, MO.	25. DATE RECD. BY LOCAL REG. 8-1-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John R. Mc Kee

AUG 16 1980

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 395

P. O. Address Belton

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