

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 16 1960

-60-030983

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 395 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 6 months		c. CITY OR TOWN Joplin		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 2321 Kentucky		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First ANNA Middle BRADFORD Last ABEL				4. DATE OF DEATH Month August Day 12, Year 1960				
5. SEX Female		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 1/1/82		
9. AGE (last birthday) 78 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) LaSalle, Michigan		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME George Bradford			13b. MOTHER'S MAIDEN NAME Adelia Kimball			14. NAME OF HUSBAND OR WIFE Eldred Abel (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Bethiah Peters			
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 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. ☐ Yes ☒ No ☐ Unknown			Coronary Arteriosclerosis			Interval between onset and death min years		
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 _____, to _____, and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Albert E. Upsher M.D.				22b. ADDRESS Kansas City - Mo		22c. DATE SIGNED 8/8/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/12/60		23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY		23d. LOCATION (City, town, or county) (State) Modesto, California		
24. FUNERAL DIRECTOR Lloyd Kitch		ADDRESS Galena, Kansas		25. DATE RECD. BY LOCAL REG. 8-13-1960		26. REGISTRAR'S SIGNATURE Dorothy Merriam		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 10 1960

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. _____

Was not Embalmed
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Harvey E. Bruce

Licensed Embalmer No. *4463*

P. O. Address *Officer 1A*

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.