

FILED VS JAN 10 1961 53

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STATE FILE NUMBER

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

UNRECORDED

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Charleston, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 609 Davis St.	

3. NAME OF DECEASED (Type or print) First Agnes Middle Helen Last Bradford			4. DATE OF DEATH Month December Day 6 Year 1960			
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5. SEX Female	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 4/13/1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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) Shelbyville, Ind.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ollie Bradford
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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. -----	17. INFORMANT Address Ollie Bradford Charleston, Mo.
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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 trachea
IMMEDIATE CAUSE (a) Pulmonary embolus		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic cardiac		
DUE TO (c) vascular disease		

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"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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	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 11-16-60 to 12-6-60 and last saw her/him alive on 12-6-60 Death occurred at 10:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh W. Ashley, J. M.D. (Degree or title)	22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 12-22-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/9/60	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
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24. FUNERAL DIRECTOR ADDRESS Mc Mikee Charleston, Mo	25. DATE RECD. BY LOCAL REG. 1-2-1961	26. REGISTRAR'S SIGNATURE Dennis Kasten
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. 613

working under my personal supervision.

Student

Bruce R. Austin
Signature of Student Embalmer

Signed

Elgin McMickle

Licensed Embalmer No. 4695

P. O. Address

Charleston

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.