

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

-61-001253

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 194 STATE FILE NUMBER

AMENDED
DATE AMENDED 1-17-61
INSTEAD OF LILLEY BRADSHAW
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF General Home Harold A. Burke
ITEM NO. 3 SHOULD READ LILLEY BRADSHAW

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 23 years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7331 Garfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7331 Garfield Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LILLIE Middle M. Last BRADSHAW		4. DATE OF DEATH JANUARY 13, 1961	
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 77 AGE (last birthday) 83 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard Operator		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) Horton, Kansas
13a. FATHER'S NAME Thomas Smith		13b. MOTHER'S MAIDEN NAME FANNIE Oliver	14. NAME OF HUSBAND OR WIFE A. O. Bradshaw
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. 577-18-5054	17. INFORMANT Address A. O. Bradshaw 7331 Garfield
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, Aspirational, Terminal DUE TO (b) Arteriosclerosis, Generalized, severe DUE TO (c) Arteriosclerotic Heart Disease, severe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1wk 10 yrs 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition, severe, due to (2) above			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"/> None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None	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.) None	20f. CITY, TOWN, OR LOCATION COUNTY STATE None
21. I attended the deceased from July 1947 to 1-12-61 and last saw her/him alive on 1-12-61 Death occurred at 1:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold A. Burke Inst.		22b. ADDRESS 1019-23 Argyle Bldg.	22c. DATE SIGNED 1-13-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE JAN. 16, 1961	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 TROOST	25. DATE RECD. BY LOCAL REG. 1-13-61	26. REGISTRAR'S SIGNATURE Ruth Long	

Bo 1-41660

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. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. E. Nichols*

Licensed Embalmer No. 4997

P. O. Address K. P. Mo.

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.