

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029016

STATE FILE NUMBER

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

196

FILED AUG 28 1961

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Clinton

Length of stay in lb

8 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Wetzel Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Cass

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Garden City

Reside on Farm

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Alfred

Ray

Bradley

4. DATE
OF
DEATH

Month

Day

Year

8

20

1961

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/10/1898

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

farming

11. BIRTHPLACE (City and state or country)

Kimlin, Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Walter N. Bradley

13b. MOTHER'S MAIDEN NAME

Catherine Holliday

14. NAME OF HUSBAND OR WIFE

Rose Frances Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

none

Mrs. Rose Bradley

Address

Garden City,

Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (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 under-
lying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Thrombosis
Ventricular Fibrillation
Acute Myocardial Infarction

INTERVAL BETWEEN

ONSET AND DEATH

30 min.

5 min.

8 hrs.

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☐ Unknown19. 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
INJURYHour
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 8-20-61 to 8-20-61 and last saw him alive on 8-20-61.
Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

Clinton L. Glespy

22b. ADDRESS

Clinton Mo

22c. DATE SIGNED

8-21-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/23/1961

23c. NAME OF CEMETERY OR CREMATORY

Garden City Cemetery

23d. LOCATION (City, town, or county)

Garden City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Atkinson - Hickory Garden City, Mo.

25. DATE RECD. BY LOCAL REG.

Aug. 2, 1961

26. REGISTRAR'S SIGNATURE

Waldred Beigum

(Licensed Embalmer's Statement on Reverse Side)

MS SEP 7 1966

SEP 1 1966

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 Billy J. Hickey

Licensed Embalmer No. #685

P. O. Address Indian City, 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.