

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031552
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 174

AMENDED FILED SEP 11 1961

DATE AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Scott	b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston	a. STATE Mo.	b. COUNTY New Madrid
Length of stay in 1b		c. CITY OR TOWN MARSTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		d. STREET ADDRESS (if outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First JAMES	Middle ANDREW	Last BRADLEY	4. DATE OF DEATH	Month 9	Day 1	Year 1961
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 12 - 1928	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 10 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) FARMING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tenn	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Nicholous Bradley	13b. MOTHER'S MAIDEN NAME Eliza Hopper	14. NAME OF HUSBAND OR WIFE Amie Elizabeth Bradley
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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 Paul Bradley Sikeston, 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 6 weeks
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

CEREBRAL HEMORRHAGE

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			
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.) 7-24-61	20f. CITY, TOWN, OR LOCATION 9-1-61	COUNTY Sikeston, Mo.	STATE

21. I attended the deceased from 7:55 to 9:1 and last saw her/him alive on 9-1-61	Death occurred at 7:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Carl L. Papp (Deedee or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 9-1-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/4/61	23c. NAME OF CEMETERY OR CREMATORY EVERGREEN	23d. LOCATION (City, town, or county) (State) NEW MADRID MO
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24. FUNERAL DIRECTOR Richard's Funeral Home, Inc., Mo.	ADDRESS New Madrid	25. DATE RECD. BY LOCAL REG. 9-5-61	26. REGISTRAR'S SIGNATURE Miss Ella Hunter
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 Leo H. Hagen

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.