

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-039758**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 191

**FILED OCT 23 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Saline</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Lincoln</b>
Length of stay in lb <b>52 yrs.</b>		c. CITY OR TOWN <b>Elsberry</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Marshall State School &amp; Hospital</b>		d. STREET ADDRESS <b>---</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>Trevey</b>	Middle <b>Martin</b>	Last <b>Bradley</b>	Month <b>Oct.</b>	Day <b>18,</b> Year <b>1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-10-1897</b>	9. AGE (last birthday) <b>64 yrs.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Patient</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>	11. BIRTHPLACE (City and state or country) <b>Greenville, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Trevey Bradley</b>	13b. MOTHER'S MAIDEN NAME <b>Lottie Martin</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Records of Marshall State School, Marshall, Mo.</b>
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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
IMMEDIATE CAUSE (a) <b>Chronic coronary sclerosis</b>		<b>1 year</b>
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) <b>Mental retardation, right scolio-kyphosis</b>	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 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 _____	Month, Day, Year _____
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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 4-1-1959 to 10-18-61 and last saw her alive on 10-18-61  
 Death occurred at 9:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>A. B. Day</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <b>Marshall, Mo.</b>	22c. DATE SIGNED <b>10-19-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-19-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>TROY</b>	23d. LOCATION (City, town, or county) (State) <b>Missouri</b>
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24. FUNERAL DIRECTOR <b>M<sup>c</sup>COY FUNERAL HOME, TROY MO.</b>	ADDRESS _____	25. DATE RECD. BY LOCAL REG. <b>10-19-'61</b>	26. REGISTRAR'S SIGNATURE <i>Carl G. Read</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 4 1963

**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 Jack M. Reser

Licensed Embalmer No. 4643

P. O. Address Marshall, 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.