MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0022889 0022889 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

Registration District No. 37 — Primary Registration District No. 3023 — Registrar's No. 164

UNFILED 2264

VS 300 Rev. 4/59

1 0425 DATE AMENDED
2 0425
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY — Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Clinton
Length of stay in 1b — 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Ellett Rest Home
Inside Limits — Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE — Missouri
b. COUNTY — Henry
c. CITY OR TOWN — Clinton
Inside Limits — Yes X No ☐
d. STREET ADDRESS (If outside, give location) — West Franklin
Reside on Farm — Yes ☐ No X

3. NAME OF DECEASED (Type or print) — First: MARY — Middle: E — Last: BRADLEY

4. DATE OF DEATH — Month: June — Day: 18 — Year: 1964

5. SEX — Female
6. COLOR OR RACE — White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH — 9-16-187
9. AGE (last birthday) — 92
IF UNDER 1 YEAR — Months: 9 Days: 2
IF UNDER 24 HR — Hours: — Min: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — Retired School Teacher
10b. KIND OF BUSINESS OR INDUSTRY — None
11. BIRTHPLACE (City and state or country) — Henry County Mo
12. CITIZEN OF WHAT COUNTRY — USA

13a. FATHER'S NAME — James R McDaniel
13b. MOTHER'S MAIDEN NAME — Sarah Jane Warren
14. NAME OF HUSBAND OR WIFE — Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — No
(If yes, give war or dates of service) — No
16. SOCIAL SECURITY NO.
17. INFORMANT — Address — Mrs James Hargrove Urich Mo.

MEDICAL CERTIFICATION

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)	Medullary Paralysis	3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Edema	4 hours
DUE TO (c)	Cerebral Thrombosis	16 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) — Cerebral Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 INJURY — Hour 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 6-12-64, to 6-18-64 and last saw her/him alive on 6-17-64
Death occurred at ____m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE — (Degree or title) — Clinton L. Glasgow
22b. ADDRESS — Clinton Mo.
22a. DATE SIGNED — 6/19/64

23a. BURIAL, CREMATION, REMOVAL (Specify) — Burial
23b. DATE — 6-20-64
23c. NAME OF CEMETERY OR CREMATORY — Carrsville
23d. LOCATION (City, town, or county) (State) — Henry County Mo.

24. FUNERAL DIRECTOR — ADDRESS — F.L. SCHABERG CLINTON, MO
25. DATE RECD. BY LOCAL REG. — June 20-1964
26. REGISTRAR'S SIGNATURE — Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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 F. J. Sebastian

Licensed Embalmer No. 4516

P. O. Address Clinton Md

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.