

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 19 1949 State File No. 12172

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4216 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALHOUN-WINDSOR TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun Mo. R# 2</u>	
c. LENGTH OF STAY (In this place) <u>35 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>Windsor Township D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home Windsor Twp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>GRAY</u> c. (Last) <u>BRADLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 13-1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DECEMBER 4, 1885</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>WINDSOR MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>United State</u>					

13a. FATHER'S NAME <u>RICHARD A. BRADLEY</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS V. YARBER</u>		14. NAME OF HUSBAND OR WIFE <u>SALLIE GUNN BRADLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Sallie Bradley, Calhoun, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension 10 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>U44X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1, 1949, to April 13, 1949 that I last saw the deceased alive on 4-13, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray B Jordan M.D.</u>		23b. ADDRESS <u>Windsor Mo.</u>		23c. DATE SIGNED <u>4-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 16, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Calhoun, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4-15-49</u>		REGISTRAR'S SIGNATURE <u>Florence Cedar</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wm. Tansant, Clinton, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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RECEIVED  
District Health Officer No. 7  
District File Number 3-49-40  
Date Filed 4-18-49

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

Eugene B. Conzelus

Student Embalmer No. 281

working under my personal supervision.

Student Eugene B. Conzelus  
Student Embalmer

Signed H. D. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.