

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

947

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5506 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>HENRY</u> <u>Clinton Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>CLINTON</u>		c. CITY OR TOWN <u>Clinton</u> <u>Rural 0</u>	
c. LENGTH OF STAY (In this place) <u>29 years</u>		d. STREET ADDRESS (If rural, give location) <u>Clinton Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Rural</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>WOODSON</u> c. (Last) <u>BRADLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Oct. 4, 1872</u>		9. AGE (To years last birthday) <u>77</u> Months <u>3</u> Days <u>2</u>		10. AGE (If under 1 year) (If under 1 hrs.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>East. Henry County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>United States</u>					

13a. FATHER'S NAME <u>Barton Stone Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Lerice Ellen Jordan</u>		14. NAME OF HUSBAND OF WIFE	
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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) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Anna Bradley</u> ADDRESS <u>Clinton Mo</u>	
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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>arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4500	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart failure</u>		4 mo.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Aug 3, 1949, to Jan. 5, 1950, that I last saw the deceased alive on Jan. 5, 1950, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James O. Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton, Missouri</u>		23c. DATE SIGNED <u>Jan. 7, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Explored Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan-16-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>V. S. Vansant</u> ADDRESS <u>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. 71

District File Number 12-49-1998

Date Filed 1-24-50

VS
AUG 23 1980

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 _____
Student Embalmer

Signed *J. L. Vansant*

Licensed Embalmer No. 3779

P. O. Address *Clinton*

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.