

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-039618

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1266

ENDED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 1 day		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3948 Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HOWARD Middle DONALD Last BRADLEY				4. DATE OF DEATH Month November Day 23 Year 1959				
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/30/1932		
9. AGE (last birthday) 27		IF UNDER 1 YEAR Months 27 Days 27 Hours 27 Min. 27		IF UNDER 24 HR Months 27 Days 27 Hours 27 Min. 27		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motor Messenger		
10b. KIND OF BUSINESS OR INDUSTRY Western Union		11. BIRTHPLACE (City and state or country) Nashville, Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Howard G. Bradley			13b. MOTHER'S MAIDEN NAME Luna Mae Lawrence			14. NAME OF HUSBAND OR WIFE Shirley Naoma Bradley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Korea 487-34-0359		17. INFORMANT Address Shirley Bradley, Kansas City, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral edema Cerebral contusion, severe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 18 hrs. DUE TO (c) 18 hrs.							INTERVAL BETWEEN ONSET AND DEATH	
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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.)				
20c. TIME OF INJURY Hour 11:25 a.m. 11 Month, Day, Year 22 59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 64		20f. CITY, TOWN, OR LOCATION 2 miles West of Dallas COUNTY Dallas STATE Mo Laclede Co Line		
21. I attended the deceased from 11/22/59 to 11/23/59 and last saw her/him alive on 11/23/59 Death occurred at 5:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE H. McElhenny, MD (Degree or title)				22b. ADDRESS 609 Cherry, Springfield, Mo.		22c. DATE SIGNED 11-24-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/25/1959		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri.		
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri.		25. DATE RECD. BY LOCAL REG. 11-24-59		26. REGISTRAR'S SIGNATURE Effie E. Melton				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1959

DEC 10 1959

FEB 19 1960

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

Harold Fittrell

Licensed Embalmer No. 5079

P. O. Address Spfld, 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.