

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022964

FILED VS JUN 27 1960 / 57

Registration District No. 157 Primary Registration District No. 3023 Registrar's No. 170

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		Length of stay in 1b <b>39 Yrs.</b>	c. CITY OR TOWN <b>Clinton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clinton General Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Clinton, RFD. # 3,</b>	
3. NAME OF DECEASED (Type or print) First <b>Tillie</b> Middle <b>Lee</b> Last <b>Bradley</b>			4. DATE OF DEATH Month <b>June</b> Day <b>24</b> Year <b>1960</b>		
5. SEX <b>Female</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>1-23-1875</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>1</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Henry Co. Mo.</b>	11. BIRTHPLACE (City and state or country) <b>USA</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Barton Stone Bradley</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Ellen Jordan</b>		14. NAME OF HUSBAND OR WIFE	
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>James Creath Bradley, Clinton, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio sclerotic Heart disease</b> DUE TO (b) <b>Generalized arterio sclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs</b> <b>7 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral endothritis</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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.) <b>8-33</b>	20f. CITY, TOWN, OR LOCATION <b>Clinton, Mo.</b>	COUNTY _____ STATE _____	
21. I attended the deceased from <b>6-24-60</b> to <b>6-24-60</b> and last saw her/him alive on <b>6-24-60</b> Death occurred at <b>1:45 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>S.B. Hughes M.D.</b>			22b. ADDRESS <b>Clinton, Mo.</b>		22c. DATE SIGNED <b>6-25-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>June 26, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>	
24. FUNERAL DIRECTOR <b>Wd. Vassant, Clinton, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>June 25, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Waldred Bigum</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 23 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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. A. Vansant

Licensed Embalmer No. 377

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.