

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010650

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 74 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 19 1962

1. PLACE OF DEATH
 a. COUNTY Henry
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Length of stay in 1b 9 yrs
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 214 Century Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Maud Middle L. Last Bradley 4. DATE OF DEATH Month March Day 5 Year 1962

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-17-1889 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Benton County, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Oakes 13b. MOTHER'S MAIDEN NAME Mary McIntire 14. NAME OF HUSBAND OR WIFE Olie Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 486-26-8504 17. INFORMANT Mrs. Fred Jewett Address Windsor 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) Myocardial infarction
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease
 DUE TO (c) _____
 INTERVAL BETWEEN ONSET AND DEATH 24 hours
years?

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 3/4/62 to 3/5/62 and last saw her alive on 3/5/62. Death occurred at 1:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard Brasch, M.D. (Degree or title) 22b. ADDRESS 16 South Main Windsor, Mo. 22c. DATE SIGNED 3/13/62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-7-62 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak 23d. LOCATION (City, town, or county) Windsor Mo. (State)

24. FUNERAL DIRECTOR Ellis M. Huston ADDRESS Windsor Mo. 25. DATE RECD. BY LOCAL REG. Mar 13, 1962 26. REGISTRAR'S SIGNATURE Mildred Bigum

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Elmer Houston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.